



Enrollment Guide 2023



**One plan. More coverage than
UnitedHealthcare's long-term care plan
and Original Medicare.**

UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP)

H2509-001-000

Service area: Florida - Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hardee, Hernando, Highlands, Hillsborough, Lafayette, Lake, Levy, Manatee, Marion, Miami-Dade, Nassau, Polk, Putnam, St. Johns, Sumter, Suwannee, Union, Volusia counties

**United
Healthcare
Dual Complete**

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



Plans you can count on

When it comes to Medicare, one size doesn't fit all. That's why UnitedHealthcare offers a broad range of Medicare plans: so you have options to fit your health care needs and budget.



Chosen by more people

More people choose a Medicare Advantage plan from UnitedHealthcare than from any other company.¹ We're proud to have served the health care needs of people just like you for over 50 years. You can count on us to be here when you need us.



Care coordination

Sometimes you need help managing and coordinating your care. Once you're a member, you will be assigned a care manager. Your care manager will help you with referrals, coordination of care to help ensure communication between doctors and specialists, and other services offered to you as a member of the plan.



Expertise to get you what you need

UnitedHealthcare's Medicare plan experts will help you find the right plan for you — in person, online or over the phone. You may be eligible for the UnitedHealthcare Dual Complete[®] ONE plan if you're enrolled in Original Medicare Parts A and B, receive state Medicaid benefits, and are enrolled in UnitedHealthcare's Florida Health and Home Connection Plan[™] which is the long-term care plan offered in this state.

Once you're a member, our expert customer service team and your online account make it easier to get the care you need, when and how you need it. And our all-in-one UnitedHealthcare UCard[™] makes it easier than ever to unlock more from your Medicare plan.

¹Based on June 2022 CMS Enrollment Data.
Y0066_INTRO_2023_C

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Questions? We're here to help.



UHCCommunityPlan.com



Call toll-free **1-844-560-4944**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week

Start With Medicare Basics

Know how Medicare works, then choose what works for you

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



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



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

Original Medicare does NOT include prescription drug coverage



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

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

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

Option 1: Enroll in a Medicare Advantage plan



Called Part C

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



Extras

Some plans may include extra benefits not included with Original Medicare

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



Medicare Supplement

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



Medicare Part D plan

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

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

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

This plan has a network of quality doctors, hospitals and other care providers, designed to help you get the care you need.

Your plan does not cover medical care from providers outside our network. However, you have access to see dental providers inside and outside of the network. Check the Evidence of Coverage for information on which dental services the plan covers out-of-network.

If you need to see a network specialist, make sure you get a referral from your primary care provider (PCP) first.

Here's how this HMO-POS plan works



Always see network providers for your care. The plan does not cover medical care from providers outside our network, except for emergency care, urgent care and renal dialysis services.



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



Select a primary care provider (PCP).

This plan requires you to select a PCP to oversee and help manage your care.



A referral is needed to see a network specialist or other provider.



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

If you see a provider outside the network, you will have to pay the full cost for services yourself, except for covered dental care.



There's an out-of-pocket spending limit for network care each plan year.

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



This plan includes prescription drug coverage.

*If you have both Medicare and Medicaid, your services are paid first by Medicare and then by Medicaid. Your Medicaid coverage depends on your income, resources and other factors. Some get full Medicaid benefits. For an explanation of the categories of people who can enroll, please see the Medicaid section of the Summary of Benefits. You can find a complete listing of network providers and facilities within your plan on our website.

Are you eligible to enroll in this plan?

If enrolled in a UnitedHealthcare Long Term Care Plan, you are eligible for UnitedHealthcare's Dual Complete One (HMO D-SNP) plan. Your state Medicaid benefits vary based on your level of Medicaid eligibility. Based on your needs, you may also qualify for Low-Income Subsidy (LIS) assistance.

Eligibility to enroll in the UnitedHealthcare Dual Complete One plan requires the following:

- Enrolled in Original Medicare Parts A and B, receive state Medicaid benefits
- Enrolled in UnitedHealthcare Long Term Care Plan

What are the levels of eligibility and benefits in most states?

Qualified Medicare Beneficiary Plus (QMB Plus)

- Medicare deductibles, copays and coinsurance
- Full Medicaid benefits
- Part A premium
- Part B premium

Full Benefit Dual Eligible (FBDE)

- Full Medicaid benefits
- Medicare deductibles, copays and coinsurance vary by state
- Part B premium varies by state

Specified Low-Income Medicare Beneficiary Plus (SLMB Plus)

- Full Medicaid benefits
- Medicare deductibles, copays and coinsurance vary by state
- Part B premium

QMBs, SLMBs, and QIs

QMBs, SLMBs, and QIs are automatically enrolled in the Low Income Subsidy program (Extra Help) to cover Part D premium costs and will not have Part D premium expenses. Low Income Subsidy may be available to help with Part D premium costs for all other levels of eligibility.

Helpful Resources

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



Plan Information

Benefit Highlights

UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP)

This is a short description of your 2023 plan benefits. The values shown in-network are for those with Medicare Parts A and B cost sharing that may be covered by the state. Cost share may vary depending on your individual Medicaid eligibility. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs

If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services. If your eligibility for Medicaid or “Extra Help” changes, your cost sharing and premium may change.

Monthly plan premium	\$0
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Medical benefits

	Your cost
Doctor’s office visit	
Primary care provider (PCP)	\$0 copay
Specialist	\$0 copay (referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Preventive services	\$0 copay
Inpatient hospital care	\$0 copay per stay for unlimited days
Skilled nursing facility (SNF)	\$0 copay per day: days 1-100
Outpatient hospital, including surgery	\$0 copay
Outpatient mental health	
Group therapy	\$0 copay
Individual therapy	\$0 copay
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Diabetes monitoring supplies	\$0 copay for covered brands
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay
Diagnostic tests and procedures (non-radiological)	\$0 copay
Lab services	\$0 copay
Outpatient x-rays	\$0 copay
Ambulance	\$0 copay for ground or air

Medical benefits

	Your cost
Emergency care	\$0 copay (worldwide)
Urgently needed services	\$0 copay (worldwide)

Medicaid coverage of out-of-network medical benefits may vary depending on your Medicaid eligibility category. For complete information please refer to your Evidence of Coverage.

Benefits and services beyond Original Medicare

	Your cost
Routine physical	\$0 copay, 1 per year
Routine eye exams	\$0 copay, 1 per year
Routine eyewear	<p>\$0 copay</p> <p>Plan pays up to \$550 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.</p> <p>Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).</p>
Dental - preventive (covered in-network and out-of-network)	\$0 copay for exams, cleanings, X-rays, and fluoride*
Dental - comprehensive (covered in-network and out-of-network)	\$0 copay for comprehensive dental services*
Dental - benefit limit	<p>\$4,000 combined limit on all covered dental services*</p> <p>If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay</p>
Hearing - routine exam	\$0 copay, 1 per year
Hearing aids	<p>Plan pays up to \$3,600 every year for 2 hearing aids through UnitedHealthcare Hearing.</p> <p>Includes hearing aids delivered directly to you with virtual follow-up care (select models).</p>
Fitness program	\$0 copay for Renew Active, which includes a free gym membership, plus online fitness classes, brain health challenges and 1 Fitbit® device.
Routine transportation	\$0 copay for 72 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies
Personal Emergency Response System	\$0 copay for a personal emergency response system (PERS)
Foot care - routine	\$0 copay, 12 visits per year
Routine chiropractic care	\$0 copay, 12 visits per year

	Your cost
Routine acupuncture	\$0 copay, 12 visits per year
Food, over-the-counter (OTC) and utility bill credit	\$280 credit every month to pay for covered groceries, OTC products and certain utility bills
Meal benefit	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.

*Benefits combined in and out-of-network

Prescription drugs

Annual prescription (Part D) deductible	\$0
30-day or 100-day supply from retail network pharmacy	
All covered drugs	\$0 copay Some covered drugs limited to a 30-day supply



Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. This information is not a complete description of benefits. Contact the plan for more information.

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Explore Your Additional Services

Unlock your benefits with UnitedHealthcare® UCard

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

Get an in-home visit from UnitedHealthcare® HouseCalls

With UnitedHealthcare HouseCalls, you get a yearly in-home preventive health care visit from one of our licensed health care practitioners for no cost. The visit includes health screenings and a medication review to help you stay on top of your health between your regular doctor visits. You may be eligible to receive a reward for completing a HouseCalls visit. HouseCalls rewards are automatically loaded to your UCard within a week of completing the visit.

Social and Government Referral Assistance Program

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

- Save on utility bills and prescription drug expenses
- Determine Medicaid eligibility, depending on your income
- Maintain coverage within your Dual Eligible Special Needs Plan
- Learn about Veterans' Services

Questions? We are here to help.

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

*HouseCalls may not be available for all plans or in all areas.

Routine Dental Benefit Basics

Our best and most flexible dental coverage ever. Routine dental care is important to your teeth and overall health, but it's not covered by Original Medicare. A routine dental benefit can help protect your teeth and gums and provide coverage for dental care otherwise not included. It's just one of the many extra benefits you get with this plan.

Dental benefits may include:



\$0 copay for covered dental with an annual maximum of \$4,000 for cleanings, exams, x-rays, fluoride, fillings, crowns, root canals, extractions, dentures, implants and all other covered comprehensive services when using network providers



No annual deductible



Access to a large dental provider network



Freedom to see any dentist who accepts Medicare, seeing an out-of-network dentist may cost more



To find a network dentist near you, visit uhcdentalproviders.com

Exclusions may apply:

1. Services performed by an out-of-network dentist if your plan does not have out-of-network coverage.
2. Dental services that are not necessary.
3. Hospitalization or other facility charges.
4. Any dental procedure performed solely for cosmetic and/or aesthetic reasons.
5. Any dental procedure not directly associated with a dental disease.
6. Any procedure not performed in a dental setting.
7. Reconstructive surgery of any type, including reconstructive surgery related to a dental disease, injury, or congenital anomaly.
8. Procedures that are considered experimental, investigational or unproven. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics. The fact that an experimental, investigational or unproven service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in coverage if the procedure is considered to be experimental, investigational or unproven in the treatment of that particular condition.

9. Service for injuries or conditions covered by workmen's compensation or employer liability laws, and services that are provided without cost to the covered persons by any municipality, county, or other political subdivision. This exclusion does NOT apply to any services covered by Medicaid or Medicare.
10. Expenses for dental procedures begun prior to the covered person's eligibility with the plan.
11. Dental services rendered (including otherwise covered dental services) after the date on which individual coverage under the policy terminates, including dental services for dental conditions arising prior to the date on which individual coverage under the policy terminates.
12. Services rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family, including a spouse, brother, sister, parent or child.
13. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours' notice, sales tax, or duplicating/copying patient records.
14. Tooth bleaching and/or enamel microabrasion.
15. Veneers
16. Orthodontics
17. Sustained release of therapeutic drug (D9613)
18. COVID screening, testing, and vaccination
19. Charges aligned to dental case management, case presentation, consultation with other medical professionals or translation/sign language services.
20. Space Maintenance
21. Any unspecified procedure by report (Dental codes: D##99)



Treatment plans and recommended dental procedures may vary. Talk to your dentist about treatment options, risks, benefits, and fees. CDT code changes are issued annually by the American Dental Association. Procedure codes may be altered during the plan year in accordance with discontinuation of certain dental codes.

Benefits vary by plan/area. Limitations and exclusions apply. If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Network size varies by local market.

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

The provider network may change at any time. You will receive notice when necessary. Network size varies by market and exclusions may apply.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Routine Vision Benefits

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

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



\$0 copay for a yearly routine eye exam and a \$550 allowance for frames or contacts every year



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



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



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



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



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

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

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Food, Over-the-Counter (OTC) and Utility Bill Credit

Get more help with your everyday needs. Your plan comes with a credit of \$280 that will be loaded to your UnitedHealthcare UCard every month for covered groceries, OTC products, and utility bills.

Use the credit on your UCard to:



Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water



Choose from brand name and generic OTC products, like vitamins, pain relievers, toothpaste, cough drops and more, in store or online at myuhc.com/communityplan/OTC



Pay eligible utility bills like electricity, gas, water and internet online, over the phone or at your local Walmart MoneyCenter



Shop at thousands of participating stores, including Walmart, Walgreens, CVS and Kroger, or at neighborhood stores near you



You can learn more at myuhc.com/communityplan/OTC

Benefits and features vary by plan/area. Limitations and exclusions apply. OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information.

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Renew Active®

Stay active. Stay focused. Stay you.

Renew Active is the gold standard in Medicare fitness programs for body and mind – available at no additional cost. Stay active with a free gym membership, at a fitness location you select from a national network, including many premium gyms. You get an annual personalized fitness plan plus access to group classes. If you prefer to exercise at home, you can view thousands of on-demand workout videos and live streaming fitness classes.

Renew Active includes:



A free gym membership at a gym near you



Access to the largest national network of gyms and fitness locations, including many premium gyms



An annual personalized fitness plan



Allows members who need help to bring a workout assistant to the gym, at no additional cost



Access to thousands of on-demand workout videos and live streaming fitness classes



Social activities at local health and wellness classes and events. Access to the online Fitbit® Community for Renew Active – no Fitbit® device needed. Joining the community also provides access to Fitbit Premium™



An online program from AARP® Staying Sharp® offering content about brain health, including a brain health assessment and exclusive content including fun activities like interactive challenges, videos and games for Renew Active members



Get a Fitbit® device at no cost to help improve or maintain good health by tracking physical activity, stress and more. This 24/7 health and wellness companion will measure activity and habits to help you take steps toward a healthier life



To learn more about all Renew Active has to offer, visit UHCRenewActive.com or contact your sales representative

Routine Hearing Benefits

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

Get hearing benefits including:



\$0 copay for a routine hearing exam and an allowance of \$3,600 for a broad selection of hearing aids



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



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



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



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

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



Summary of Benefits 2023

UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP)
H2509-001-000

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



Toll-free 1-844-560-4944, TTY 711
8 a.m.-8 p.m. local time, 7 days a week



UHCCommunityPlan.com

**United
Healthcare
Dual Complete**

Summary of Benefits

January 1st, 2023 - December 31st, 2023

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

About this plan

UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP) is a Medicare Advantage HMOPOS plan with a Medicare contract.

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

This plan is a Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) for people who have both Medicare A and B, and full Medicaid benefits and Long Term Care benefits.

Your eligibility to enroll in this plan depends on your type of Medicaid. Also, you must live in the service area and be in UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP).

You can enroll in this plan if you are in one of these Medicaid categories:

- **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- **Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

Our service area includes these counties in:

Florida: Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hardee, Hernando, Highlands, Hillsborough, Lafayette, Lake, Levy, Manatee, Marion, Miami-Dade, Nassau, Polk, Putnam, St. Johns, Sumter, Suwannee, Union, Volusia.

Use network providers and pharmacies

UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. For routine dental services, you can use providers that are not in our network. This health plan requires you to select a primary care provider (PCP) from the network. Your PCP can handle most routine health care needs and will be responsible to coordinate your care. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP. We encourage you to find out which specialists and hospitals your primary care provider would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to **[UHCCommunityPlan.com](https://www.uhc.com/CommunityPlan)** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP)

Premiums and Benefits

	In-Network
Monthly Plan Premium	There is no monthly premium for this plan.
Annual Medical Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	\$0 annually for Medicare-covered services from in-network providers.

UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP)

Benefits

		In-Network
Inpatient Hospital Care ^{1,2}		\$0 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient Hospital	Ambulatory Surgical Center (ASC) ^{1,2}	\$0 copay
	Outpatient Hospital, including surgery ^{1,2}	\$0 copay
	Outpatient Hospital Observation Services ^{1,2}	\$0 copay
Doctor Visits	Primary Care Provider	\$0 copay
	Specialists ^{1,2}	\$0 copay
	Virtual Medical Visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Preventive Services	Medicare-covered	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual wellness visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening

Benefits

		In-Network
		<p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</p> <p>“Welcome to Medicare” preventive visit (one-time)</p>
		<p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.</p>
	Routine physical	\$0 copay, 1 per year
Emergency Care		<p>\$0 copay (worldwide) per visit</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
Urgently Needed Services		\$0 copay (worldwide) per visit
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI, CT scan) ²	\$0 copay
	Lab services ²	\$0 copay
	Diagnostic tests and procedures ²	\$0 copay
	Therapeutic Radiology ²	\$0 copay per service
	Outpatient X-rays ²	\$0 copay per service

Benefits

		In-Network
Hearing Services	Exam to diagnose and treat hearing and balance issues ²	\$0 copay
	Routine hearing exam	\$0 copay, 1 per year
	Hearing aids ²	Plan pays up to \$3,600 every year for 2 hearing aids through UnitedHealthcare Hearing. Includes hearing aids delivered directly to you with virtual follow-up care (select models).
Routine Dental Benefits	Preventive	\$0 copay for exams, cleanings, X-rays, and fluoride*
	Comprehensive ²	\$0 copay for comprehensive dental services*
	Benefit limit	\$4,000 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ²	\$0 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay, 1 per year
	Routine eyewear	\$0 copay Plan pays up to \$550 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full. Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).

Benefits

		In-Network
Mental Health	Inpatient visit ²	\$0 copay per stay Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit ²	\$0 copay
	Outpatient individual therapy visit ²	\$0 copay
	Virtual Mental Health Visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Skilled Nursing Facility (SNF)^{1,2}		\$0 copay per day: days 1-20 \$0 copay per day: days 21-100 Our plan covers up to 100 days in a SNF.
Outpatient Rehabilitation Services	Physical therapy and speech and language therapy visit ^{1,2}	\$0 copay
	Occupational Therapy Visit ^{1,2}	\$0 copay
	Virtual Visit	\$0 copay
Ambulance² Your provider must obtain prior authorization for non-emergency transportation.		\$0 copay for ground \$0 copay for air
Routine Transportation		\$0 copay for 72 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies
Medicare Part B Prescription Drugs	Chemotherapy drugs ²	\$0 copay
	Other Part B drugs ²	\$0 copay

Prescription Drugs

Annual Prescription Deductible	\$0
30-day or 100-day supply from retail network pharmacy	
All Covered Drugs	\$0 copay Some covered drugs limited to a 30-day supply

Additional Benefits

		In-Network
Acupuncture	Routine acupuncture	\$0 copay, 12 visits per year
Chiropractic Care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ²	\$0 copay
	Routine chiropractic care	\$0 copay, 12 visits per year
Diabetes Management	Diabetes monitoring supplies ²	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch®Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts ²	\$0 copay
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ²	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) ²	\$0 copay

Additional Benefits

		In-Network
Fitness program		\$0 copay for Renew Active, which includes a free gym membership at a location you select from our nationwide network, plus a personalized fitness plan, online fitness classes, brain health challenges and 1 Fitbit® device.
Foot Care (podiatry services)	Foot exams and treatment ²	\$0 copay
	Routine foot care	\$0 copay, 12 visits per year
Meal Benefit²		\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.
Home Health Care^{1,2}		\$0 copay
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week.
Opioid Treatment Program Services²		\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ²	\$0 copay
	Outpatient individual therapy visit ²	\$0 copay
Food, over-the-counter (OTC) and utility bill credit		\$280 credit every month to pay for covered groceries, OTC products and certain utility bills like electric. Shop at network retail locations or get home delivery by ordering online or by phone.
Personal Emergency Response System		\$0 copay for a personal emergency response system (PERS). Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation.
Renal Dialysis^{1,2}		\$0 copay

¹ May require a referral from your doctor.

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

*Benefits are combined in and out-of-network

Medicaid Benefits

Information for people with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. You can see what Florida Medicaid Agency for Health Care Administration (AHCA) covers and what our plan covers.

Coverage of the benefits depends on your level of Medicaid eligibility. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. In some situations, Medicaid may pay your Medicare cost sharing amount. See your Medicaid Member Handbook for more details. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Florida Medicaid Agency for Health Care Administration (AHCA), 1-888-419-3456.

Benefits

	Medicaid	UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP)
Inpatient Hospital Care	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services* (Including assistive care services)</p>	Covered
Doctor Office Visits	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services* Including screening services, rural health services, federally qualified health centers, clinic services, and physician assistant services.</p>	Covered

Benefits

	Medicaid	UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP)
Outpatient Surgery	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services*</p>	Covered
Emergency Care	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services*</p>	Covered
Urgently Needed Services	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services*</p>	Covered
Diagnostic Tests Lab and Radiology Services and X-Rays	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services*</p>	Covered

Benefits

	Medicaid	UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP)
Hearing Services	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.	Covered
Dental Services	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.	Covered
Vision Services	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services including up to one routine vision exam and up to two pairs of eyeglasses (includes Medicaid covered eyeglass lenses and frames) per year, or contact lenses (if medically necessary).*</p> <p>Prior authorization may be required and must be received by a participating vision provider.</p>	Covered
Preventive Care	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services*</p>	Covered
Mental Health Care <input type="checkbox"/> Behavioral Health Targeted Case	Depending on your level of Medicaid eligibility, Medicaid may	Covered

Benefits

	Medicaid	UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP)
Management <input type="checkbox"/> Community Mental Health <input type="checkbox"/> Mental Health Case Management	<p>pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services *</p>	
Outpatient Rehabilitation	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services * Including registered physical therapist, physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services</p>	Covered
Ambulance	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services *</p>	Covered
Transportation (Routine)	<p>\$0 co-pay for Medicaid services *</p> <p>For enrollees who qualify for additional Medicaid benefits, Medicaid pays unlimited trips for this service if it is not covered by Medicare or when the Medicare benefit is exhausted when</p>	Covered

Benefits

	Medicaid	UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP)
	provided by a participating transportation provider.	
Prescription Drug Benefits	Medicaid does not cover Part D covered drugs.	Covered
Chiropractic Care	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services *	Covered
Diabetes Supplies and Services	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services *	Covered
Durable Medical Equipment (Wheelchairs, oxygen, etc.)	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services *	Covered
Foot Care (Podiatry services)	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.	Covered

Benefits

	Medicaid	UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP)
	For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services *	
Skilled Nursing Facility (SNF)	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services * Including physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services.	Covered
Hospice	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services *	Covered
Renal Dialysis	Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount. For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services *	Covered

Benefits

	Medicaid	UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP)
Prosthetic Devices (Braces, artificial limbs, etc.)	<p>Depending on your level of Medicaid eligibility, Medicaid may pay your Medicare cost sharing amount.</p> <p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts: \$0 co-pay for Medicaid services*</p>	Covered
Over-the-Counter Items (with prescription)	\$0 co-pay for Medicaid services*	Covered

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 contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

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

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

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-842-4968 for additional information (TTY users should call 711). Hours are 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunice con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-842-4968, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

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

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

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 100 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

Choose one device from approved select models every 2 years. Devices may vary by plan/area. Limitations and exclusions apply. Fitbit, the Fitbit logo, and related marks and logos are trademarks of Google LLC and/or its affiliates.

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

The Nurseline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Important information: 2022 Medicare star ratings



UnitedHealthcare - H2509

For 2022, UnitedHealthcare - H2509 received the following Star Ratings from Medicare:

Overall Star Rating:	Plan too new to be measured*
Health Services Rating:	Plan too new to be measured
Drug Services Rating:	Plan too new to be measured

*Some plans do not have enough data to rate performance.

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

Why Star Ratings are Important

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

Star Ratings are based on factors that include:

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

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

The number of stars shows how well a plan performs.

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

Get More Information on Star Ratings Online

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

Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **888-834-3721** (toll-free) or **711** (TTY). Current members please call **866-842-4968** (toll-free) or **711** (TTY).

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug List

Drug List

This is a complete alphabetical list of prescription drugs covered by the plan as of September 1, 2022. This list can change throughout the year. Call UnitedHealthcare or go online for the most up-to-date information. Our phone number and website are listed on the back cover of this book.

- ❑ **Brand name** drugs are in **bold** type. Generic drugs are in plain type
- ❑ All covered drugs are in 1 tier. Drugs in this tier have a specific cost sharing 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. For more information, please call UnitedHealthcare or view the complete Drug List on our website

A	
Abacavir Sulfate (Oral Solution), T1	Acetylcysteine (Inhalation Solution), T1
Abacavir Sulfate (Oral Tablet), T1	Acitretin (Oral Capsule), T1
Abacavir Sulfate-Lamivudine (Oral Tablet), T1	ActHIB (Intramuscular Solution Reconstituted), T1
Abelcet (Intravenous Suspension), T1	Actemra (Subcutaneous Solution Prefilled Syringe), T1
Abilify Maintena (Intramuscular Prefilled Syringe), T1	Actemra ACTPen (Subcutaneous Solution Auto-Injector), T1
Abilify Maintena (Intramuscular Suspension Reconstituted ER), T1	Actimmune (Subcutaneous Solution), T1
Abiraterone Acetate (250MG Oral Tablet), T1	Acyclovir (External Ointment), T1
Abiraterone Acetate (500MG Oral Tablet), T1	Acyclovir (Oral Capsule), T1
Acamprosate Calcium (Oral Tablet Delayed Release), T1	Acyclovir (Oral Suspension), T1
Acarbose (Oral Tablet), T1	Acyclovir (Oral Tablet), T1
Accutane (Oral Capsule), T1	Acyclovir Sodium (Intravenous Solution), T1
Acebutolol HCl (Oral Capsule), T1	Adacel (Intramuscular Suspension), T1
Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule), T1	Adapalene (0.3% External Gel), T1
Acetaminophen-Codeine (120-12MG/5ML Oral Solution), T1	Adapalene (External Cream), T1
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet), T1	Adefovir Dipivoxil (Oral Tablet), T1
Acetazolamide (Oral Tablet), T1	Adempas (Oral Tablet), T1
Acetazolamide ER (Oral Capsule Extended Release 12 Hour), T1	Advair Diskus (Inhalation Aerosol Powder Breath Activated), T1
Acetic Acid (Otic Solution), T1	Advair HFA (Inhalation Aerosol), T1
	Aimovig (Subcutaneous Solution Auto-Injector), T1
	Ala-Cort (External Cream), T1
	Albendazole (Oral Tablet), T1
	Albuterol Sulfate (Inhalation Nebulization)

T1= Tier 1 Covered Drugs

Solution), T1

Albuterol Sulfate (Oral Syrup), T1

Albuterol Sulfate (Oral Tablet Immediate Release), T1

Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil), T1

Alclometasone Dipropionate (External Cream), T1

Alclometasone Dipropionate (External Ointment), T1

Alcohol Prep Pads, T1

Alecensa (Oral Capsule), T1

Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet), T1

Alendronate Sodium (Oral Solution), T1

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

Aliskiren Fumarate (Oral Tablet), T1

Allopurinol (Oral Tablet), T1

Alocril (Ophthalmic Solution), T1

Alomide (Ophthalmic Solution), T1

Alosetron HCl (Oral Tablet), T1

Alphagan P (0.1% Ophthalmic Solution), T1

Alprazolam (Oral Tablet Immediate Release), T1

Altavera (Oral Tablet), T1

Alunbrig (Oral Tablet Therapy Pack), T1

Alunbrig (Oral Tablet), T1

Alyacen 1/35 (Oral Tablet), T1

Alyq (Oral Tablet), T1

AmBisome (Intravenous Suspension Reconstituted), T1

Amantadine HCl (Oral Capsule), T1

Amantadine HCl (Oral Solution), T1

Amantadine HCl (Oral Tablet), T1

Ambrisentan (Oral Tablet), T1

Amethia (Oral Tablet), T1

Amikacin Sulfate (500MG/2ML Injection

Solution), T1

Amiloride HCl (Oral Tablet), T1

Amiloride-Hydrochlorothiazide (Oral Tablet), T1

Amiodarone HCl (200MG Oral Tablet), T1

Amitriptyline HCl (Oral Tablet), T1

Amlodipine Besylate (Oral Tablet), T1

Amlodipine-Atorvastatin (Oral Tablet), T1

Amlodipine-Benazepril (Oral Capsule), T1

Amlodipine-Olmesartan (Oral Tablet), T1

Amlodipine-Valsartan (Oral Tablet), T1

Ammonium Lactate (External Cream), T1

Ammonium Lactate (External Lotion), T1

Amnesteem (Oral Capsule), T1

Amoxapine (Oral Tablet), T1

Amoxicillin (Oral Capsule), T1

Amoxicillin (Oral Suspension Reconstituted), T1

Amoxicillin (Oral Tablet Chewable), T1

Amoxicillin (Oral Tablet Immediate Release), T1

Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted), T1

Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable), T1

Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release), T1

Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour), T1

Amphetamine-Dextroamphetamine (Oral Tablet), T1

Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour), T1

Amphotericin B (Intravenous Solution Reconstituted), T1

Ampicillin (Oral Capsule), T1

Ampicillin Sodium (10GM Intravenous Solution Reconstituted), T1

Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted), T1

Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted), T1

Bold type = Brand name drug

Plain type = Generic drug

Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted), T1	Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet), T1
Anagrelide HCl (Oral Capsule), T1	Aripiprazole (1MG/ML Oral Solution), T1
Anastrozole (Oral Tablet), T1	Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible), T1
Androderm (Transdermal Patch 24 Hour), T1	Aristada (Intramuscular Prefilled Syringe), T1
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated), T1	Aristada Initio (Intramuscular Prefilled Syringe), T1
Anzemet (Oral Tablet), T1	Armodafinil (Oral Tablet), T1
Apomorphine HCl (Subcutaneous Solution Cartridge), T1	Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated), T1
Apraclonidine HCl (Ophthalmic Solution), T1	Asenapine Maleate (Tablet Sublingual), T1
Aprepitant (Oral Therapy Pack, Oral Capsule), T1	Ashlyna (Oral Tablet), T1
Apri (Oral Tablet), T1	Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour), T1
Apriso (Oral Capsule Extended Release 24 Hour), T1	Atazanavir Sulfate (Oral Capsule), T1
Aptiom (Oral Tablet), T1	Atenolol (Oral Tablet), T1
Aptivus (Oral Capsule), T1	Atenolol-Chlorthalidone (Oral Tablet), T1
Aralast NP (1000MG Intravenous Solution Reconstituted), T1	Atomoxetine HCl (Oral Capsule), T1
Aranelle (Oral Tablet), T1	Atorvastatin Calcium (Oral Tablet), T1
Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe), T1	Atovaquone (Oral Suspension), T1
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution), T1	Atovaquone-Proguanil HCl (Oral Tablet), T1
Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe), T1	Atropine Sulfate (1% Ophthalmic Solution), T1
Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution), T1	Atrovent HFA (Inhalation Aerosol Solution), T1
Arcalyst (Subcutaneous Solution Reconstituted), T1	Aubagio (Oral Tablet), T1
	Aubra EQ (Oral Tablet), T1
	Auryxia (Oral Tablet), T1
	Austedo (Oral Tablet), T1
	Aviane (Oral Tablet), T1
	Avonex Pen (Intramuscular Auto-Injector Kit), T1
	Avonex Prefilled (Intramuscular Prefilled Syringe Kit), T1
	Ayvakit (Oral Tablet), T1
	Azathioprine (50MG Oral Tablet), T1
	Azelaic Acid (External Gel), T1
	Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution), T1
	Azelastine HCl (Ophthalmic Solution), T1

T1= Tier 1 Covered Drugs

Azelastine-Fluticasone (Nasal Suspension), T1	Betaine (Oral Powder), T1
Azithromycin (Intravenous Solution Reconstituted), T1	Betamethasone Dipropionate (External Cream), T1
Azithromycin (Oral Suspension Reconstituted), T1	Betamethasone Dipropionate (External Lotion), T1
Azithromycin (Oral Tablet), T1	Betamethasone Dipropionate (External Ointment), T1
Aztreonam (Injection Solution Reconstituted), T1	Betamethasone Dipropionate Aug (External Cream), T1
B	Betamethasone Dipropionate Aug (External Gel), T1
BCG Vaccine (Injection Solution Reconstituted), T1	Betamethasone Dipropionate Aug (External Lotion), T1
BIVIGAM (5GM/50ML Intravenous Solution), T1	Betamethasone Dipropionate Aug (External Ointment), T1
BRIVIACT (Oral Solution), T1	Betamethasone Valerate (External Cream), T1
BRIVIACT (Oral Tablet), T1	Betamethasone Valerate (External Lotion), T1
Bacitracin (Ophthalmic Ointment), T1	Betamethasone Valerate (External Ointment), T1
Bacitracin-Polymyxin B (Ophthalmic Ointment), T1	Betaseron (Subcutaneous Kit), T1
Baclofen (Oral Tablet), T1	Betaxolol HCl (Ophthalmic Solution), T1
Balsalazide Disodium (Oral Capsule), T1	Betaxolol HCl (Oral Tablet), T1
Balversa (Oral Tablet), T1	Bethanechol Chloride (Oral Tablet), T1
Balziva (Oral Tablet), T1	Betimol (Ophthalmic Solution), T1
Baqsimi One Pack (Nasal Powder), T1	Bevespi Aerosphere (Inhalation Aerosol), T1
Baraclude (Oral Solution), T1	Bexarotene (External Gel), T1
Belsomra (Oral Tablet), T1	Bexarotene (Oral Capsule), T1
Benazepril HCl (Oral Tablet), T1	Bexsero (Intramuscular Suspension Prefilled Syringe), T1
Benazepril-Hydrochlorothiazide (Oral Tablet), T1	Bicalutamide (Oral Tablet), T1
Benlysta (Subcutaneous Solution Auto-Injector), T1	Bicillin C-R (Intramuscular Suspension), T1
Benlysta (Subcutaneous Solution Prefilled Syringe), T1	Bicillin C-R 900/300 (Intramuscular Suspension), T1
Benznidazole (Oral Tablet), T1	Bicillin L-A (Intramuscular Suspension Prefilled Syringe), T1
Benzoyl Peroxide-Erythromycin (External Gel), T1	Bicillin L-A (Intramuscular Suspension), T1
Benzotropine Mesylate (Oral Tablet), T1	Biktarvy (Oral Tablet), T1
Bepotastine Besilate (Ophthalmic Solution), T1	Bisoprolol Fumarate (Oral Tablet), T1
Bepreve (Ophthalmic Solution), T1	Bisoprolol-Hydrochlorothiazide (Oral Tablet), T1
Berinert (Intravenous Kit), T1	Blisovi 24 Fe (Oral Tablet), T1
Besivance (Ophthalmic Suspension), T1	Blisovi Fe 1.5/30 (Oral Tablet), T1
Besremi (Subcutaneous Solution Prefilled Syringe), T1	

Bold type = Brand name drug

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Boostrix (Intramuscular Suspension Prefilled Syringe), T1

Boostrix (Intramuscular Suspension), T1

Bosentan (Oral Tablet), T1

Bosulif (Oral Tablet), T1

Braftovi (Oral Capsule), T1

Breo Ellipta (Inhalation Aerosol Powder Breath Activated), T1

Breztri Aerosphere (Inhalation Aerosol), T1

Briellyn (Oral Tablet), T1

Brilinta (Oral Tablet), T1

Brimonidine Tartrate (0.15% Ophthalmic Solution), T1

Brimonidine Tartrate (0.2% Ophthalmic Solution), T1

Brimonidine Tartrate-Timolol (Ophthalmic Solution), T1

Brinzolamide (Ophthalmic Suspension), T1

Bromocriptine Mesylate (Oral Capsule), T1

Bromocriptine Mesylate (Oral Tablet), T1

Brukinsa (Oral Capsule), T1

Budesonide (Inhalation Suspension), T1

Budesonide (Oral Capsule Delayed Release Particles), T1

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

Bumetanide (Injection Solution), T1

Bumetanide (Oral Tablet), T1

Buprenorphine (Transdermal Patch Weekly), T1

Buprenorphine HCl (Tablet Sublingual), T1

Buprenorphine HCl-Naloxone HCl (Sublingual Film), T1

Buprenorphine HCl-Naloxone HCl (Tablet Sublingual), T1

Bupropion HCl (Oral Tablet Immediate Release), T1

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

Bupropion HCl SR (Oral Tablet Extended Release 12 Hour), T1

Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour), T1

Buspironone HCl (Oral Tablet), T1

Butalbital-Acetaminophen-Caffeine (Oral Tablet), T1

Butalbital-Aspirin-Caffeine (Oral Capsule), T1

Butorphanol Tartrate (Nasal Solution), T1

Bydureon BCise (Subcutaneous Auto-Injector), T1

Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector), T1

Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector), T1

C

Cabergoline (Oral Tablet), T1

Cablivi (Injection Kit), T1

Cabometyx (Oral Tablet), T1

Calcipotriene (External Cream), T1

Calcipotriene (External Ointment), T1

Calcipotriene (External Solution), T1

Calcitonin Salmon (Nasal Solution), T1

Calcitriol (External Ointment), T1

Calcitriol (Oral Capsule), T1

Calcitriol (Oral Solution), T1

Calcium Acetate (667MG Oral Tablet), T1

Calcium Acetate (Phosphate Binder) (Oral Capsule), T1

Calquence (Oral Capsule), T1

Camila (Oral Tablet), T1

Camrese Lo (Oral Tablet), T1

Candesartan Cilexetil (Oral Tablet), T1

Candesartan Cilexetil-HCTZ (Oral Tablet), T1

Caplyta (42MG Oral Capsule), T1

Caprelsa (Oral Tablet), T1

Captopril (Oral Tablet), T1

Carbamazepine (Oral Suspension), T1

Carbamazepine (Oral Tablet Chewable), T1

Carbamazepine (Oral Tablet Immediate Release), T1

T1= Tier 1 Covered Drugs

Carbamazepine ER (Oral Capsule Extended Release 12 Hour), T1	Cefprozil (Oral Suspension Reconstituted), T1
Carbamazepine ER (Oral Tablet Extended Release 12 Hour), T1	Cefprozil (Oral Tablet), T1
Carbidopa (Oral Tablet), T1	Ceftazidime (Injection Solution Reconstituted), T1
Carbidopa-Levodopa (Oral Tablet Immediate Release), T1	Ceftazidime (Intravenous Solution Reconstituted), T1
Carbidopa-Levodopa ER (Oral Tablet Extended Release), T1	Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted), T1
Carbidopa-Levodopa ODT (Oral Tablet Dispersible), T1	Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted), T1
Carbidopa-Levodopa-Entacapone (Oral Tablet), T1	Cefuroxime Axetil (Oral Tablet), T1
Carglumic Acid (Oral Tablet Soluble), T1	Cefuroxime Sodium (Injection Solution Reconstituted), T1
Carteolol HCl (Ophthalmic Solution), T1	Cefuroxime Sodium (Intravenous Solution Reconstituted), T1
Cartia XT (Oral Capsule Extended Release 24 Hour), T1	Celecoxib (Oral Capsule), T1
Carvedilol (Oral Tablet), T1	Celontin (Oral Capsule), T1
Cayston (Inhalation Solution Reconstituted), T1	Cephalexin (250MG Oral Capsule, 500MG Oral Capsule), T1
Caziant (Oral Tablet), T1	Cephalexin (750MG Oral Capsule), T1
Cefaclor (Oral Capsule), T1	Cephalexin (Oral Suspension Reconstituted), T1
Cefadroxil (Oral Capsule), T1	Cetirizine HCl (1MG/ML Oral Solution), T1
Cefadroxil (Oral Suspension Reconstituted), T1	Chemet (Oral Capsule), T1
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted), T1	Chenodal (Oral Tablet), T1
Cefdinir (Oral Capsule), T1	Chlordiazepoxide HCl (Oral Capsule), T1
Cefdinir (Oral Suspension Reconstituted), T1	Chlorhexidine Gluconate (Mouth Solution), T1
Cefepime HCl (Injection Solution Reconstituted), T1	Chloroquine Phosphate (Oral Tablet), T1
Cefixime (Oral Capsule), T1	Chlorpromazine HCl (Oral Concentrate), T1
Cefixime (Oral Suspension Reconstituted), T1	Chlorpromazine HCl (Oral Tablet), T1
Cefotetan Disodium (Injection Solution Reconstituted), T1	Chlorthalidone (Oral Tablet), T1
Cefoxitin Sodium (Intravenous Solution Reconstituted), T1	Chlorzoxazone (500MG Oral Tablet), T1
Cefpodoxime Proxetil (Oral Suspension Reconstituted), T1	Cholbam (Oral Capsule), T1
Cefpodoxime Proxetil (Oral Tablet), T1	Cholestyramine (Oral Packet), T1
	Cholestyramine Light (Oral Packet), T1
	Ciclopirox (External Gel), T1
	Ciclopirox (External Shampoo), T1
	Ciclopirox (External Solution), T1

Bold type = Brand name drug

Plain type = Generic drug

Ciclopirox Olamine (External Cream), T1	Reconstituted), T1
Ciclopirox Olamine (External Suspension), T1	Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution), T1
Cilostazol (Oral Tablet), T1	Clindamycin Phosphate (External Gel), T1
Ciloxan (Ophthalmic Ointment), T1	Clindamycin Phosphate (External Lotion), T1
Cimduo (Oral Tablet), T1	Clindamycin Phosphate (External Solution), T1
Cimetidine (Oral Tablet), T1	Clindamycin Phosphate (External Swab), T1
Cimetidine HCl (Oral Solution), T1	Clindamycin Phosphate (Vaginal Cream), T1
Cimzia (Subcutaneous Kit), T1	Clindamycin Phosphate in D5W (Intravenous Solution), T1
Cimzia Prefilled (2 X 200MG/ML Subcutaneous Prefilled Syringe Kit), T1	Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% External Gel), T1
Cinacalcet HCl (Oral Tablet), T1	Clobazam (Oral Suspension), T1
Cinryze (Intravenous Solution Reconstituted), T1	Clobazam (Oral Tablet), T1
Cipro HC (Otic Suspension), T1	Clobetasol Propionate (External Cream), T1
Ciprofloxacin HCl (100MG Oral Tablet Immediate Release), T1	Clobetasol Propionate (External Gel), T1
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release), T1	Clobetasol Propionate (External Ointment), T1
Ciprofloxacin HCl (Ophthalmic Solution), T1	Clobetasol Propionate (External Shampoo), T1
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution), T1	Clobetasol Propionate (External Solution), T1
Ciprofloxacin-Dexamethasone (Otic Suspension), T1	Clobetasol Propionate Emollient Base (External Cream), T1
Citalopram Hydrobromide (Oral Capsule), T1	Clodan (External Shampoo), T1
Citalopram Hydrobromide (Oral Solution), T1	Clomipramine HCl (Oral Capsule), T1
Citalopram Hydrobromide (Oral Tablet), T1	Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet), T1
Claravis (Oral Capsule), T1	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), T1
Clarithromycin (Oral Suspension Reconstituted), T1	Clonidine (Transdermal Patch Weekly), T1
Clarithromycin (Oral Tablet Immediate Release), T1	Clonidine HCl (Oral Tablet Immediate Release), T1
Clarithromycin ER (Oral Tablet Extended Release 24 Hour), T1	Clonidine HCl ER (Oral Tablet Extended Release 12 Hour), T1
Clenpiq (Oral Solution), T1	Clopidogrel Bisulfate (75MG Oral Tablet), T1
Climara Pro (Transdermal Patch Weekly), T1	Clorazepate Dipotassium (Oral Tablet), T1
Clindacin ETZ (External Swab), T1	Clotrimazole (External Cream), T1
Clindamycin HCl (Oral Capsule), T1	Clotrimazole (External Solution), T1
Clindamycin Palmitate HCl (Oral Solution	Clotrimazole (Mouth/Throat Troche), T1

T1= Tier 1 Covered Drugs

Clotrimazole-Betamethasone (External Cream), T1	Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector), T1
Clotrimazole-Betamethasone (External Lotion), T1	Cotellic (Oral Tablet), T1
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet), T1	Creon (Oral Capsule Delayed Release Particles), T1
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible), T1	Crinone (Vaginal Gel), T1
Coartem (Oral Tablet), T1	Cromolyn Sodium (Inhalation Nebulization Solution), T1
Codeine Sulfate (15MG Oral Tablet, 60MG Oral Tablet), T1	Cromolyn Sodium (Ophthalmic Solution), T1
Codeine Sulfate (30MG Oral Tablet), T1	Cromolyn Sodium (Oral Concentrate), T1
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare), T1	Crotan (External Lotion), T1
Colchicine (0.6MG Oral Tablet) (Generic Colcrys), T1	Cryselle-28 (Oral Tablet), T1
Colesevelam HCl (Oral Packet), T1	Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet), T1
Colesevelam HCl (Oral Tablet), T1	Cyclobenzaprine HCl (7.5MG Oral Tablet), T1
Colestipol HCl (Oral Packet), T1	Cyclophosphamide (25MG Oral Tablet), T1
Colestipol HCl (Oral Tablet), T1	Cyclophosphamide (50MG Oral Tablet), T1
Colistimethate Sodium (CBA) (Injection Solution Reconstituted), T1	Cyclophosphamide (Oral Capsule), T1
Combigan (Ophthalmic Solution), T1	Cycloset (Oral Tablet), T1
Combivent Respimat (Inhalation Aerosol Solution), T1	Cyclosporine (Oral Capsule), T1
Cometriq (100MG Daily Dose) (Oral Kit), T1	Cyclosporine Modified (Oral Capsule), T1
Cometriq (140MG Daily Dose) (Oral Kit), T1	Cyclosporine Modified (Oral Solution), T1
Cometriq (60MG Daily Dose) (Oral Kit), T1	Cyproheptadine HCl (Oral Syrup), T1
Complera (Oral Tablet), T1	Cyproheptadine HCl (Oral Tablet), T1
Compro (Rectal Suppository), T1	Cyred EQ (Oral Tablet), T1
Constulose (Oral Solution), T1	Cystadane (Oral Powder), T1
Copiktra (Oral Capsule), T1	Cystagon (Oral Capsule), T1
Cordran (External Tape), T1	Cystaran (Ophthalmic Solution), T1
Corlanor (Oral Solution), T1	D
Corlanor (Oral Tablet), T1	Dalfampridine ER (Oral Tablet Extended Release 12 Hour), T1
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe), T1	Daliresp (Oral Tablet), T1
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe), T1	Dalvance (Intravenous Solution Reconstituted), T1
	Danazol (Oral Capsule), T1
	Dantrolene Sodium (Oral Capsule), T1
	Dapsone (Oral Tablet), T1
	Daptacel (Intramuscular Suspension), T1
	Daptomycin (Intravenous Solution Reconstituted), T1

Bold type = Brand name drug

Plain type = Generic drug

Daurismo (Oral Tablet), T1

Deblitane (Oral Tablet), T1

Deferasirox (125MG Oral Tablet Soluble) (Generic Exjade), T1

Deferasirox (250MG Oral Tablet Soluble, 500MG Oral Tablet Soluble) (Generic Exjade), T1

Deferasirox (Oral Tablet) (Generic Jadenu), T1

Deferasirox Granules (Oral Packet), T1

Deferiprone (Oral Tablet), T1

Delstrigo (Oral Tablet), T1

Demeclocycline HCl (Oral Tablet), T1

Demser (Oral Capsule), T1

Depo-Estradiol (Intramuscular Oil), T1

Descovy (200-25MG Oral Tablet), T1

Desipramine HCl (Oral Tablet), T1

Desloratadine (Oral Tablet), T1

Desmopressin Acetate (Oral Tablet), T1

Desmopressin Acetate Spray (Nasal Solution), T1

Desogestrel-Ethinyl Estradiol (Oral Tablet), T1

Desonide (External Ointment), T1

Desoximetasone (External Cream), T1

Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq), T1

Dexamethasone (Oral Solution), T1

Dexamethasone (Oral Tablet), T1

Dexamethasone Sodium Phosphate (Ophthalmic Solution), T1

Dexilant (Oral Capsule Delayed Release), T1

Dexlansoprazole (Oral Capsule Delayed Release), T1

Dexmethylphenidate HCl (Oral Tablet), T1

Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour), T1

Dextroamphetamine Sulfate (Oral Tablet), T1

Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour), T1

Dextrose (10% Intravenous Solution), T1

Dextrose (5% Intravenous Solution), T1

Dextrose-NaCl (10-0.2% Intravenous Solution,

10-0.45% Intravenous Solution, 5-0.2% Intravenous Solution), T1

Dextrose-NaCl (2.5-0.45% Intravenous Solution, 5-0.45% Intravenous Solution), T1

Dextrose-NaCl (5-0.9% Intravenous Solution), T1

Diacomit (Oral Capsule), T1

Diacomit (Oral Packet), T1

Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet), T1

Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel), T1

Diazepam (5MG/5ML Oral Solution), T1

Diazepam Intensol (Oral Concentrate), T1

Diazoxide (Oral Suspension), T1

Diclofenac Epolamine (External Patch), T1

Diclofenac Potassium (50MG Oral Tablet), T1

Diclofenac Sodium (1% External Gel), T1

Diclofenac Sodium (3% External Gel), T1

Diclofenac Sodium (Ophthalmic Solution), T1

Diclofenac Sodium (Oral Tablet Delayed Release), T1

Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour), T1

Dicloxacillin Sodium (Oral Capsule), T1

Dicyclomine HCl (Oral Capsule), T1

Dicyclomine HCl (Oral Solution), T1

Dicyclomine HCl (Oral Tablet), T1

Dificid (Oral Suspension Reconstituted), T1

Dificid (Oral Tablet), T1

Diflunisal (Oral Tablet), T1

Digitek (Oral Tablet), T1

Digox (Oral Tablet), T1

Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet), T1

Digoxin (62.5MCG Oral Tablet), T1

Digoxin (Oral Solution), T1

Dihydroergotamine Mesylate (Nasal Solution), T1

Dilantin (Oral Capsule), T1

Dilantin INFATABS (Oral Tablet Chewable), T1

T1= Tier 1 Covered Drugs

Dilt-XR (Oral Capsule Extended Release 24 Hour), T1	Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution), T1
Diltiazem HCl (Oral Tablet Immediate Release), T1	Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution), T1
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour), T1	Dovato (Oral Tablet), T1
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour), T1	Doxazosin Mesylate (Oral Tablet), T1
Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour), T1	Doxepin HCl (External Cream), T1
Diltiazem HCl ER Coated Beads (180MG Oral Tablet Extended Release 24 Hour, 240MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 360MG Oral Tablet Extended Release 24 Hour), T1	Doxepin HCl (Oral Capsule), T1
Dimethyl Fumarate (Oral Capsule Delayed Release), T1	Doxepin HCl (Oral Concentrate), T1
Dimethyl Fumarate Starter Pack (Oral Capsule), T1	Doxercalciferol (Oral Capsule), T1
Dipentum (Oral Capsule), T1	Doxy 100 (Intravenous Solution Reconstituted), T1
Diphenoxylate-Atropine (Oral Liquid), T1	Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release), T1
Diphenoxylate-Atropine (Oral Tablet), T1	Doxycycline Hyclate (Oral Capsule), T1
Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension), T1	Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule), T1
Disulfiram (Oral Tablet), T1	Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet), T1
Diuril (Oral Suspension), T1	Doxycycline Monohydrate (Oral Suspension Reconstituted), T1
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle), T1	Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle), T1
Divalproex Sodium (Oral Tablet Delayed Release), T1	Dronabinol (Oral Capsule), T1
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour), T1	Drospirenone-Ethinyl Estradiol (Oral Tablet), T1
Dofetilide (Oral Capsule), T1	Droxia (Oral Capsule), T1
Dolishale (Oral Tablet), T1	Droxidopa (100MG Oral Capsule, 200MG Oral Capsule), T1
Donepezil HCl (Oral Tablet), T1	Droxidopa (300MG Oral Capsule), T1
Donepezil HCl ODT (Oral Tablet Dispersible), T1	Duavee (Oral Tablet), T1
Dorzolamide HCl (Ophthalmic Solution), T1	Dulera (Inhalation Aerosol), T1
	Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles), T1
	Dupixent (Subcutaneous Solution Pen-Injector), T1
	Dupixent (Subcutaneous Solution Prefilled Syringe), T1
	Dutasteride (Oral Capsule), T1

Bold type = Brand name drug

Plain type = Generic drug

Dymista (Nasal Suspension), T1

E

Econazole Nitrate (External Cream), T1

Edarbi (Oral Tablet), T1

Edarbyclor (Oral Tablet), T1

Edurant (Oral Tablet), T1

Efavirenz (Oral Capsule), T1

Efavirenz (Oral Tablet), T1

Efavirenz-Emtricitabine-Tenofovir (Oral Tablet), T1

Efavirenz-Lamivudine-Tenofovir (Oral Tablet), T1

Egrifta SV (2MG Subcutaneous Solution Reconstituted), T1

Elestrin (Transdermal Gel), T1

Eliquis (Oral Tablet), T1

Eliquis Starter Pack (Oral Tablet), T1

Elmiron (Oral Capsule), T1

EluRyng (Vaginal Ring), T1

Emcyt (Oral Capsule), T1

Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe), T1

Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe), T1

Emgality (Subcutaneous Solution Auto-Injector), T1

Emoquette (Oral Tablet), T1

Emsam (Transdermal Patch 24 Hour), T1

Emtricitabine (Oral Capsule), T1

Emtricitabine-Tenofovir Disoproxil Fumarate (100-150MG Oral Tablet, 133-200MG Oral Tablet, 167-250MG Oral Tablet), T1

Emtricitabine-Tenofovir Disoproxil Fumarate (200-300MG Oral Tablet), T1

Emtriva (Oral Solution), T1

Enalapril Maleate (Oral Solution), T1

Enalapril Maleate (Oral Tablet), T1

Enalapril-Hydrochlorothiazide (Oral Tablet), T1

Enbrel (25MG Subcutaneous Solution Reconstituted), T1

Enbrel (Subcutaneous Solution Prefilled

Syringe), T1

Enbrel (Subcutaneous Solution), T1

Enbrel Mini (Subcutaneous Solution Cartridge), T1

Enbrel SureClick (Subcutaneous Solution Auto-Injector), T1

Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet), T1

Engerix-B (Injection Suspension), T1

Enoxaparin Sodium (Injection Solution Prefilled Syringe), T1

Enpresse-28 (Oral Tablet), T1

Enskyce (Oral Tablet), T1

Entacapone (Oral Tablet), T1

Entecavir (Oral Tablet), T1

Entresto (Oral Tablet), T1

Enulose (Oral Solution), T1

Envarsus XR (Oral Tablet Extended Release 24 Hour), T1

Epclusa (Oral Packet), T1

Epclusa (Oral Tablet), T1

Epidiolex (Oral Solution), T1

Epinastine HCl (Ophthalmic Solution), T1

Epinephrine (Injection Solution Auto-Injector), T1

Epitol (Oral Tablet), T1

Epivir HBV (Oral Solution), T1

Eplerenone (Oral Tablet), T1

Eprontia (Oral Solution), T1

Ergotamine-Caffeine (Oral Tablet), T1

Erivedge (Oral Capsule), T1

Erleada (Oral Tablet), T1

Erlotinib HCl (Oral Tablet), T1

Errin (Oral Tablet), T1

Ertapenem Sodium (Injection Solution Reconstituted), T1

Ery (External Pad), T1

Erythrocine Lactobionate (Intravenous Solution Reconstituted), T1

Erythromycin (External Gel), T1

Erythromycin (External Solution), T1

T1= Tier 1 Covered Drugs

Erythromycin (Ophthalmic Ointment), T1

Erythromycin (Oral Tablet Delayed Release), T1

Erythromycin Base (Oral Capsule Delayed Release Particles), T1

Erythromycin Base (Oral Tablet Immediate Release), T1

Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted), T1

Erythromycin Ethylsuccinate (Oral Tablet), T1

Esbriet (Oral Capsule), T1

Esbriet (Oral Tablet), T1

Escitalopram Oxalate (Oral Solution), T1

Escitalopram Oxalate (Oral Tablet), T1

Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium), T1

Esomeprazole Magnesium (Oral Packet), T1

Estarylla (Oral Tablet), T1

Estradiol (Oral Tablet), T1

Estradiol (Transdermal Patch Weekly), T1

Estradiol (Vaginal Cream), T1

Estradiol (Vaginal Tablet), T1

Estradiol Valerate (Intramuscular Oil), T1

Estring (Vaginal Ring), T1

Eszopiclone (Oral Tablet), T1

Ethacrynic Acid (Oral Tablet), T1

Ethambutol HCl (Oral Tablet), T1

Ethosuximide (Oral Capsule), T1

Ethosuximide (Oral Solution), T1

Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet), T1

Etodolac (Oral Capsule), T1

Etodolac (Oral Tablet Immediate Release), T1

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

Etonogestrel-Ethinyl Estradiol (Vaginal Ring), T1

Etravirine (Oral Tablet), T1

Euthyrox (Oral Tablet), T1

Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet, 1MG Oral Tablet), T1

Everolimus (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet), T1

Everolimus (2MG Oral Tablet Soluble, 3MG Oral Tablet Soluble, 5MG Oral Tablet Soluble), T1

Evotaz (Oral Tablet), T1

Exemestane (Oral Tablet), T1

Exkivity (Oral Capsule), T1

Ezetimibe (Oral Tablet), T1

Ezetimibe-Simvastatin (Oral Tablet), T1

F

FML (Ophthalmic Ointment), T1

FML Forte (Ophthalmic Suspension), T1

Falmina (Oral Tablet), T1

Famciclovir (Oral Tablet), T1

Famotidine (20MG Oral Tablet, 40MG Oral Tablet), T1

Famotidine (Oral Suspension Reconstituted), T1

Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet), T1

Fanapt Titration Pack (Oral Tablet), T1

Farxiga (Oral Tablet), T1

Fasenra (Subcutaneous Solution Prefilled Syringe), T1

Fasenra Pen (Subcutaneous Solution Auto-Injector), T1

Febuxostat (Oral Tablet), T1

Felbamate (Oral Suspension), T1

Felbamate (Oral Tablet), T1

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

Femring (Vaginal Ring), T1

Femynor (Oral Tablet), T1

Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet), T1

Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet), T1

Fenofibrate (50MG Oral Capsule), T1

Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 43MG Oral Capsule), T1

Bold type = Brand name drug

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67MG Oral Capsule), T1	Flucytosine (Oral Capsule), T1
Fenofibric Acid (Oral Capsule Delayed Release), T1	Fludrocortisone Acetate (Oral Tablet), T1
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour), T1	Flunisolide (Nasal Solution), T1
Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle), T1	Fluocinolone Acetonide (External Cream), T1
Fentanyl Citrate (200MCG Buccal Lozenge On A Handle), T1	Fluocinolone Acetonide (External Ointment), T1
Ferriprox (Oral Solution), T1	Fluocinolone Acetonide (External Solution), T1
Fetzima (Oral Capsule Extended Release 24 Hour), T1	Fluocinolone Acetonide (Otic Oil), T1
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack), T1	Fluocinolone Acetonide Scalp (External Oil), T1
Finacea (External Foam), T1	Fluocinonide (0.05% External Cream), T1
Finasteride (5MG Oral Tablet) (Generic Proscar), T1	Fluocinonide (External Gel), T1
Fintepla (Oral Solution), T1	Fluocinonide (External Ointment), T1
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted), T1	Fluocinonide (External Solution), T1
Firmagon (80MG Subcutaneous Solution Reconstituted), T1	Fluocinonide Emulsified Base (External Cream), T1
Flac (Otic Oil), T1	Fluorometholone (Ophthalmic Suspension), T1
Flarex (Ophthalmic Suspension), T1	Fluorouracil (5% External Cream), T1
Flebogamma DIF (5GM/50ML Intravenous Solution), T1	Fluorouracil (External Solution), T1
Flecainide Acetate (Oral Tablet), T1	Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release), T1
Flovent Diskus (Inhalation Aerosol Powder Breath Activated), T1	Fluoxetine HCl (20MG/5ML Oral Solution), T1
Flovent HFA (Inhalation Aerosol), T1	Fluoxetine HCl (90MG Oral Capsule Delayed Release), T1
Fluconazole (Oral Suspension Reconstituted), T1	Fluphenazine Decanoate (Injection Solution), T1
Fluconazole (Oral Tablet), T1	Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet), T1
Fluconazole in Sodium Chloride (200-0.9MG/100ML-% Intravenous Solution, 400-0.9MG/200ML-% Intravenous Solution), T1	Fluphenazine HCl (2.5MG/5ML Oral Elixir), T1
	Fluphenazine HCl (2.5MG/ML Injection Solution), T1
	Fluphenazine HCl (5MG/ML Oral Concentrate), T1
	Flurbiprofen (100MG Oral Tablet), T1
	Flurbiprofen Sodium (Ophthalmic Solution), T1
	Fluticasone Propionate (External Cream), T1
	Fluticasone Propionate (External Ointment), T1
	Fluticasone Propionate (Nasal Suspension), T1
	Fluticasone-Salmeterol (100-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 250-50MCG/DOSE Inhalation Aerosol Powder

T1= Tier 1 Covered Drugs

Breath Activated, 500-50MCG/DOSE Inhalation Aerosol Powder Breath Activated) (Generic Advair), Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo RespiClick), T1	Gabapentin (Oral Capsule), T1
Fluvastatin Sodium (Oral Capsule), T1	Galantamine Hydrobromide (Oral Solution), T1
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour), T1	Galantamine Hydrobromide (Oral Tablet), T1
Fluvoxamine Maleate (Oral Tablet), T1	Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour), T1
Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution), T1	Gammagard (2.5GM/25ML Injection Solution), T1
Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution), T1	Gammagard S/D Less IgA (Intravenous Solution Reconstituted), T1
Formoterol Fumarate (Inhalation Nebulization Solution), T1	Gammaked (1GM/10ML Injection Solution), T1
Forteo (Subcutaneous Solution Pen-Injector), T1	Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution), T1
Fosamprenavir Calcium (Oral Tablet), T1	Gamunex-C (1GM/10ML Injection Solution), T1
Fosinopril Sodium (Oral Tablet), T1	Gardasil 9 (Intramuscular Suspension Prefilled Syringe), T1
Fosinopril Sodium-HCTZ (Oral Tablet), T1	Gardasil 9 (Intramuscular Suspension), T1
Fotivda (Oral Capsule), T1	Gatifloxacin (Ophthalmic Solution), T1
Furosemide (Injection Solution), T1	Gattex (Subcutaneous Kit), T1
Furosemide (Oral Solution), T1	Gauze (Non-medicated 2X2 Pad), T1
Furosemide (Oral Tablet), T1	GaviLyte-C (240GM Oral Solution Reconstituted), T1
Fuzeon (Subcutaneous Solution Reconstituted), T1	GaviLyte-G (Oral Solution Reconstituted), T1
Fyavolv (Oral Tablet), T1	Gavreto (Oral Capsule), T1
Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet), T1	Gemfibrozil (Oral Tablet), T1
Fycompa (2MG Oral Tablet), T1	Generlac (Oral Solution), T1
Fycompa (Oral Suspension), T1	Gengraf (Oral Capsule), T1
G	Gengraf (Oral Solution), T1
Gabapentin (250MG/5ML Oral Solution), T1	Genotropin (Subcutaneous Cartridge), T1
Gabapentin (600MG Oral Tablet, 800MG Oral Tablet), T1	Genotropin MiniQuick (Subcutaneous Prefilled Syringe), T1
	Gentak (Ophthalmic Ointment), T1
	Gentamicin Sulfate (40MG/ML Injection Solution), T1
	Gentamicin Sulfate (External Cream), T1
	Gentamicin Sulfate (External Ointment), T1
	Gentamicin Sulfate (Ophthalmic Solution), T1

Bold type = Brand name drug

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Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution), T1	T1
Genvoya (Oral Tablet), T1	Haloperidol Lactate (Injection Solution), T1
Gilenya (0.5MG Oral Capsule), T1	Haloperidol Lactate (Oral Concentrate), T1
Gilotrif (Oral Tablet), T1	Havrix (Intramuscular Suspension), T1
Glassia (Intravenous Solution), T1	Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution), T1
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe), T1	Heparin Sodium (1000UNIT/ML Injection Solution), T1
Glatopa (Subcutaneous Solution Prefilled Syringe), T1	Hetlioz (Oral Capsule), T1
Glimepiride (Oral Tablet), T1	Hetlioz LQ (Oral Suspension), T1
Glipizide (Oral Tablet Immediate Release), T1	Hiberix (Injection Solution Reconstituted), T1
Glipizide ER (Oral Tablet Extended Release 24 Hour), T1	Humalog (Injection Solution), T1
Glipizide-Metformin HCl (Oral Tablet), T1	Humalog (Subcutaneous Solution Cartridge), T1
GlucaGen HypoKit (Injection Solution Reconstituted), T1	Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector), T1
Glucagon (Injection Kit) (Lilly), T1	Humalog KwikPen (Subcutaneous Solution Pen-Injector), T1
Glycopyrrolate (Oral Solution) (Generic Cuvposa), T1	Humalog Mix 50/50 (Subcutaneous Suspension), T1
Glyxambi (Oral Tablet), T1	Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector), T1
Granisetron HCl (Oral Tablet), T1	Humalog Mix 75/25 (Subcutaneous Suspension), T1
Griseofulvin Microsize (Oral Suspension), T1	Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector), T1
Griseofulvin Microsize (Oral Tablet), T1	Humira (Subcutaneous Prefilled Syringe Kit), T1
Griseofulvin Ultramicrosize (Oral Tablet), T1	Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit), T1
Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour), T1	Humira Pen (Subcutaneous Pen-Injector Kit), T1
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector), T1	Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit), T1
Gvoke Kit (Subcutaneous Solution), T1	Humira Pen Psoriasis Starter (40MG/0.8ML Subcutaneous Pen-Injector Kit), T1
Gvoke PFS (Subcutaneous Solution Prefilled Syringe), T1	Humira Pen Psoriasis Starter (80MG/0.8ML and 40MG/0.4ML Subcutaneous Pen-Injector Kit), T1
H	Humira Pen-Pediatric UC Start (Subcutaneous
Haegarda (Subcutaneous Solution Reconstituted), T1	
Hailey 24 Fe (Oral Tablet), T1	
Halobetasol Propionate (External Cream), T1	
Halobetasol Propionate (External Ointment), T1	
Haloperidol (Oral Tablet), T1	
Haloperidol Decanoate (Intramuscular Solution),	

T1= Tier 1 Covered Drugs

Pen-Injector Kit), T1

Humulin 70/30 (Subcutaneous Suspension), T1

Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector), T1

Humulin N (Subcutaneous Suspension), T1

Humulin N KwikPen (Subcutaneous Suspension Pen-Injector), T1

Humulin R (Injection Solution), T1

Humulin R U-500 (Concentrated) (Subcutaneous Solution), T1

Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector), T1

Hydralazine HCl (Oral Tablet), T1

Hydrochlorothiazide (Oral Capsule), T1

Hydrochlorothiazide (Oral Tablet), T1

Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet), T1

Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution), T1

Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet), T1

Hydrocortisone (1% External Cream), T1

Hydrocortisone (1% External Ointment, 2.5% External Ointment), T1

Hydrocortisone (2.5% External Lotion), T1

Hydrocortisone (Oral Tablet), T1

Hydrocortisone (Perianal) (2.5% External Cream), T1

Hydrocortisone (Rectal Enema), T1

Hydrocortisone Butyrate (External Ointment), T1

Hydrocortisone Valerate (External Cream), T1

Hydrocortisone Valerate (External Ointment), T1

Hydrocortisone-Acetic Acid (Otic Solution), T1

Hydromorphone HCl (1MG/ML Oral Liquid), T1

Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release), T1

Hydromorphone HCl ER (Oral Tablet Extended

Release 24 Hour), T1

Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution), T1

Hydroxychloroquine Sulfate (200MG Oral Tablet), T1

Hydroxyurea (Oral Capsule), T1

Hydroxyzine HCl (Oral Syrup), T1

Hydroxyzine HCl (Oral Tablet), T1

Hydroxyzine Pamoate (Oral Capsule), T1

I

IDHIFA (Oral Tablet), T1

IPOL (Injection), T1

Ibandronate Sodium (Oral Tablet), T1

Ibrance (Oral Capsule), T1

Ibrance (Oral Tablet), T1

Ibu (600MG Oral Tablet, 800MG Oral Tablet), T1

Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet), T1

Ibuprofen (Oral Suspension), T1

Icatibant Acetate (Subcutaneous Solution), T1

Iclevia (Oral Tablet), T1

Iclusig (Oral Tablet), T1

Icosapent Ethyl (Oral Capsule), T1

Ilevro (Ophthalmic Suspension), T1

Imatinib Mesylate (Oral Tablet), T1

Imbruvica (Oral Capsule), T1

Imbruvica (Oral Tablet), T1

Imipenem-Cilastatin (Intravenous Solution Reconstituted), T1

Imipramine HCl (Oral Tablet), T1

Imipramine Pamoate (Oral Capsule), T1

Imiquimod (5% External Cream), T1

Imiquimod Pump (3.75% External Cream), T1

Imovax Rabies (Intramuscular Injectable), T1

Impavido (Oral Capsule), T1

Imvexxy Maintenance Pack (Vaginal Insert), T1

Imvexxy Starter Pack (Vaginal Insert), T1

Bold type = Brand name drug

Plain type = Generic drug

Incassia (Oral Tablet), T1

Increlex (Subcutaneous Solution), T1

Incruse Ellipta (Inhalation Aerosol Powder Breath Activated), T1

Indapamide (Oral Tablet), T1

Indomethacin (25MG Oral Capsule Immediate Release, 50MG Oral Capsule Immediate Release), T1

Infanrix (Intramuscular Suspension), T1

Ingrezza (Oral Capsule Therapy Pack), T1

Ingrezza (Oral Capsule), T1

Inlyta (Oral Tablet), T1

Inqovi (Oral Tablet), T1

Inrebic (Oral Capsule), T1

Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog), T1

Insulin Lispro (Injection Solution) (Brand Equivalent Humalog), T1

Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog), T1

Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog), T1

Insulin Syringes, Needles, T1

Intelence (25MG Oral Tablet), T1

Intralipid (Intravenous Emulsion), T1

Intron A (Injection Solution Reconstituted), T1

Introvale (Oral Tablet), T1

Invega Hafyera (Intramuscular Suspension Prefilled Syringe), T1

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), T1

Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe), T1

Invega Trinza (Intramuscular Suspension Prefilled Syringe), T1

Ipratropium Bromide (Inhalation Solution), T1

Ipratropium Bromide (Nasal Solution), T1

Ipratropium-Albuterol (Inhalation Solution), T1

Irbesartan (Oral Tablet), T1

Irbesartan-Hydrochlorothiazide (Oral Tablet), T1

Iressa (Oral Tablet), T1

Isentress (100MG Oral Tablet Chewable), T1

Isentress (25MG Oral Tablet Chewable), T1

Isentress (Oral Packet), T1

Isentress (Oral Tablet), T1

Isentress HD (Oral Tablet), T1

Isibloom (Oral Tablet), T1

Isolyte-P in D5W (Intravenous Solution), T1

Isolyte-S pH 7.4 (Intravenous Solution), T1

Isoniazid (Oral Syrup), T1

Isoniazid (Oral Tablet), T1

Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release), T1

Isosorbide Dinitrate-Hydralazine (Oral Tablet), T1

Isosorbide Mononitrate (Oral Tablet Immediate Release), T1

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

Isotretinoin (Oral Capsule), T1

Isturisa (Oral Tablet), T1

Itraconazole (Oral Capsule), T1

Itraconazole (Oral Solution), T1

Ivermectin (Oral Tablet), T1

Ixiaro (Intramuscular Suspension), T1

J

Jakafi (Oral Tablet), T1

Jantoven (Oral Tablet), T1

Janumet (Oral Tablet Immediate Release), T1

Janumet XR (Oral Tablet Extended Release 24 Hour), T1

T1= Tier 1 Covered Drugs

Januvia (Oral Tablet), T1

Jardiance (Oral Tablet), T1

Jasmiel (Oral Tablet), T1

Jentaduetto (Oral Tablet Immediate Release), T1

Jentaduetto XR (Oral Tablet Extended Release 24 Hour), T1

Jinteli (Oral Tablet), T1

Jublia (External Solution), T1

Juleber (Oral Tablet), T1

Juluca (Oral Tablet), T1

Junel 1.5/30 (Oral Tablet), T1

Junel 1/20 (Oral Tablet), T1

Junel Fe 1.5/30 (Oral Tablet), T1

Junel Fe 1/20 (Oral Tablet), T1

Junel Fe 24 (Oral Tablet), T1

Juxtapid (Oral Capsule), T1

K

KCl in Dextrose-NaCl (Intravenous Solution), T1

KCl-Lactated Ringers-D5W (Intravenous Solution), T1

Kaitlib Fe (Oral Tablet Chewable), T1

Kalydeco (Oral Packet), T1

Kalydeco (Oral Tablet), T1

Kariva (Oral Tablet), T1

Kelnor 1/35 (Oral Tablet), T1

Kelnor 1/50 (Oral Tablet), T1

Kerendia (Oral Tablet), T1

Ketoconazole (External Cream), T1

Ketoconazole (External Shampoo), T1

Ketoconazole (Oral Tablet), T1

Ketorolac Tromethamine (Ophthalmic Solution), T1

Kineret (Subcutaneous Solution Prefilled Syringe), T1

Kinrix (Intramuscular Suspension Prefilled Syringe), T1

Kisqali (200MG Dose) (Oral Tablet), T1

Kisqali (400MG Dose) (Oral Tablet), T1

Kisqali (600MG Dose) (Oral Tablet), T1

Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack), T1

Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack), T1

Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack), T1

Klor-Con (Oral Packet), T1

Klor-Con 10 (Oral Tablet Extended Release), T1

Klor-Con 8 (Oral Tablet Extended Release), T1

Klor-Con M10 (Oral Tablet Extended Release), T1

Klor-Con M15 (Oral Tablet Extended Release), T1

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

Korlym (Oral Tablet), T1

Koselugo (Oral Capsule), T1

Kurvelo (Oral Tablet), T1

Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film), T1

L

LARIN 1.5/30 (Oral Tablet), T1

LARIN 1/20 (Oral Tablet), T1

LARIN Fe 1.5/30 (Oral Tablet), T1

LARIN Fe 1/20 (Oral Tablet), T1

Labetalol HCl (Oral Tablet), T1

Lacosamide (Oral Solution), T1

Lacosamide (Oral Tablet), T1

Lacrisert (Ophthalmic Insert), T1

Lactulose (10GM/15ML Oral Solution), T1

Lamivudine (100MG Oral Tablet), T1

Lamivudine (10MG/ML Oral Solution), T1

Lamivudine (150MG Oral Tablet, 300MG Oral Tablet), T1

Lamivudine-Zidovudine (Oral Tablet), T1

Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release,

Bold type = Brand name drug

Plain type = Generic drug

200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release), T1

Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable), T1

Lanoxin (Oral Tablet), T1

Lansoprazole (Oral Capsule Delayed Release), T1

Lanthanum Carbonate (Oral Tablet Chewable), T1

Lantus (Subcutaneous Solution), T1

Lantus SoloStar (Subcutaneous Solution Pen-Injector), T1

Lapatinib Ditosylate (Oral Tablet), T1

Larissia (Oral Tablet), T1

Latanoprost (Ophthalmic Solution), T1

Latuda (Oral Tablet), T1

Layolis Fe (Oral Tablet Chewable), T1

Leena (Oral Tablet), T1

Leflunomide (Oral Tablet), T1

Lenalidomide (Oral Capsule), T1

Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack), T1

Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack), T1

Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack), T1

Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack), T1

Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack), T1

Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack), T1

Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack), T1

Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack), T1

Lessina (Oral Tablet), T1

Letrozole (Oral Tablet), T1

Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet), T1

Leucovorin Calcium (25MG Oral Tablet), T1

Leukeran (Oral Tablet), T1

Leukine (Injection Solution Reconstituted), T1

Leuprolide Acetate (Injection Kit), T1

Levalbuterol HCl (Inhalation Nebulization Solution), T1

Levalbuterol Tartrate (Inhalation Aerosol), T1

Levemir (Subcutaneous Solution), T1

Levemir FlexTouch (Subcutaneous Solution Pen-Injector), T1

Levetiracetam (Oral Solution), T1

Levetiracetam (Oral Tablet Immediate Release), T1

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

Levo-T (Oral Tablet), T1

Levobunolol HCl (Ophthalmic Solution), T1

Levocarnitine (1GM/10ML Oral Solution), T1

Levocarnitine (330MG Oral Tablet), T1

Levocetirizine Dihydrochloride (Oral Tablet), T1

Levofloxacin (0.5% Ophthalmic Solution), T1

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

Levofloxacin (25MG/ML Intravenous Solution), T1

Levofloxacin (25MG/ML Oral Solution), T1

Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution), T1

Levonest (Oral Tablet), T1

Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet), T1

Levonorgestrel-Ethinyl Estradiol (Oral Tablet), T1

Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet), T1

Levora 0.15/30 (28) (Oral Tablet), T1

Levorphanol Tartrate (Oral Tablet), T1

Levothyroxine Sodium (Oral Tablet), T1

Levoxyl (Oral Tablet), T1

Lexiva (Oral Suspension), T1

Lidocaine (5% External Ointment), T1

T1= Tier 1 Covered Drugs

Lidocaine (5% External Patch), T1	Low-Ogestrel (Oral Tablet), T1
Lidocaine HCl (4% External Solution), T1	Loxapine Succinate (Oral Capsule), T1
Lidocaine Viscous (2% Mouth/Throat Solution), T1	Lubiprostone (Oral Capsule), T1
Lidocaine-Prilocaine (External Cream), T1	Lumakras (Oral Tablet), T1
Linezolid (Intravenous Solution), T1	Lumigan (Ophthalmic Solution), T1
Linezolid (Oral Suspension Reconstituted), T1	Lupron Depot (1-Month) (Intramuscular Kit), T1
Linezolid (Oral Tablet), T1	Lupron Depot (3-Month) (Intramuscular Kit), T1
Linzess (Oral Capsule), T1	Lupron Depot (4-Month) (Intramuscular Kit), T1
Liothyronine Sodium (Oral Tablet), T1	Lupron Depot (6-Month) (Intramuscular Kit), T1
Lisinopril (Oral Tablet), T1	Lutera (Oral Tablet), T1
Lisinopril-Hydrochlorothiazide (Oral Tablet), T1	Lybalvi (Oral Tablet), T1
Lithium Carbonate (Oral Capsule), T1	Lyleq (Oral Tablet), T1
Lithium Carbonate (Oral Tablet Immediate Release), T1	Lynparza (Oral Tablet), T1
Lithium Carbonate ER (Oral Tablet Extended Release), T1	Lysodren (Oral Tablet), T1
Lithostat (Oral Tablet), T1	Lyumjev (Injection Solution), T1
Livalo (Oral Tablet), T1	Lyumjev KwikPen (Subcutaneous Solution Pen-Injector), T1
Lokelma (Oral Packet), T1	Lyza (Oral Tablet), T1
Lonhala Magnair (Inhalation Solution), T1	M
Lonsurf (Oral Tablet), T1	M-M-R II (Injection Solution Reconstituted), T1
Loperamide HCl (Oral Capsule), T1	Magnesium Sulfate (50% (10ML Syringe) Injection Solution), T1
Lopinavir-Ritonavir (Oral Solution), T1	Magnesium Sulfate (50% Injection Solution), T1
Lopinavir-Ritonavir (Oral Tablet), T1	Malathion (External Lotion), T1
Lorazepam (Oral Tablet), T1	Maraviroc (Oral Tablet), T1
Lorazepam Intensol (Oral Concentrate), T1	Marlissa (Oral Tablet), T1
Lorbrena (Oral Tablet), T1	Marplan (Oral Tablet), T1
Loryna (Oral Tablet), T1	Matulane (Oral Capsule), T1
Losartan Potassium (Oral Tablet), T1	Matzim LA (Oral Tablet Extended Release 24 Hour), T1
Losartan Potassium-HCTZ (Oral Tablet), T1	Mavyret (Oral Packet), T1
Lotemax (Ophthalmic Gel), T1	Mavyret (Oral Tablet), T1
Lotemax (Ophthalmic Ointment), T1	Mayzent (Oral Tablet), T1
Lotemax (Ophthalmic Suspension), T1	Mayzent Starter Pack (12 x 0.25MG Oral Tablet Therapy Pack), T1
Lotemax SM (Ophthalmic Gel), T1	
Loteprednol Etabonate (Ophthalmic Gel), T1	
Loteprednol Etabonate (Ophthalmic Suspension), T1	
Lovastatin (Oral Tablet), T1	

Bold type = Brand name drug

Plain type = Generic drug

Mayzent Starter Pack (7 x 0.25MG Oral Tablet Therapy Pack), T1

Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet), T1

Medroxyprogesterone Acetate (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet), T1

Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension Prefilled Syringe), T1

Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension), T1

Mefloquine HCl (Oral Tablet), T1

Megestrol Acetate (40MG/ML Oral Suspension), T1

Megestrol Acetate (625MG/5ML Oral Suspension), T1

Megestrol Acetate (Oral Tablet), T1

Mekinist (Oral Tablet), T1

Mektovi (Oral Tablet), T1

Meloxicam (Oral Tablet), T1

Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet), T1

Memantine HCl (2MG/ML Oral Solution), T1

Memantine HCl ER (Oral Capsule Extended Release 24 Hour), T1

Memantine HCl Titration Pak (Oral Tablet), T1

MenQuadfi (Intramuscular Solution), T1

Menactra (Intramuscular Solution), T1

Menest (Oral Tablet), T1

Mentax (External Cream), T1

Menveo (Intramuscular Solution Reconstituted), T1

Mercaptopurine (Oral Tablet), T1

Meropenem (Intravenous Solution Reconstituted), T1

Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda), T1

Mesalamine (Rectal Enema), T1

Mesalamine (Rectal Suppository), T1

Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso), T1

Mesnex (Oral Tablet), T1

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

Metformin HCl (Oral Solution), T1

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

Methadone HCl (Oral Solution), T1

Methadone HCl (Oral Tablet), T1

Methazolamide (Oral Tablet), T1

Methenamine Hippurate (Oral Tablet), T1

Methimazole (Oral Tablet), T1

Methocarbamol (Oral Tablet), T1

Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe), T1

Methotrexate Sodium (50MG/2ML Injection Solution), T1

Methotrexate Sodium (Oral Tablet), T1

Methoxsalen Rapid (Oral Capsule), T1

Methscopolamine Bromide (Oral Tablet), T1

Methylphenidate HCl (Oral Solution), T1

Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin), T1

Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release), T1

Methylprednisolone (Oral Tablet Therapy Pack), T1

Methylprednisolone (Oral Tablet), T1

Metoclopramide HCl (5MG/5ML Oral Solution), T1

Metoclopramide HCl (Oral Tablet), T1

Metolazone (Oral Tablet), T1

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

Metoprolol Tartrate (Oral Tablet), T1

Metoprolol-Hydrochlorothiazide (Oral Tablet), T1

Metronidazole (0.75% External Cream), T1

Metronidazole (0.75% External Gel, 1% External Gel), T1

Metronidazole (0.75% External Lotion), T1

T1= Tier 1 Covered Drugs

Metronidazole (0.75% Vaginal Gel), T1	Morphine Sulfate (20MG/5ML Oral Solution), T1
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet), T1	Morphine Sulfate (Concentrate) (20MG/ML Oral Solution), T1
Metronidazole (500MG/100ML Intravenous Solution), T1	Morphine Sulfate (Oral Tablet Immediate Release), T1
Metyrosine (Oral Capsule), T1	Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin), T1
Mexiletine HCl (Oral Capsule), T1	Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin), T1
Micafungin Sodium (Intravenous Solution Reconstituted), T1	Motegrity (Oral Tablet), T1
Miconazole 3 (Vaginal Suppository), T1	Movantik (Oral Tablet), T1
Microgestin 1.5/30 (Oral Tablet), T1	Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox), T1
Microgestin 1/20 (Oral Tablet), T1	Moxifloxacin HCl (Oral Tablet), T1
Microgestin 24 Fe (Oral Tablet), T1	Moxifloxacin HCl in NaCl (Intravenous Solution), T1
Microgestin Fe 1.5/30 (Oral Tablet), T1	Multaq (Oral Tablet), T1
Microgestin Fe 1/20 (Oral Tablet), T1	Mupirocin (External Ointment), T1
Midodrine HCl (Oral Tablet), T1	Mupirocin Calcium (External Cream), T1
Migergot (Rectal Suppository), T1	Myalept (Subcutaneous Solution Reconstituted), T1
Miglitol (Oral Tablet), T1	Mycophenolate Mofetil (Oral Capsule), T1
Miglustat (Oral Capsule), T1	Mycophenolate Mofetil (Oral Suspension Reconstituted), T1
Mili (Oral Tablet), T1	Mycophenolate Mofetil (Oral Tablet), T1
Minocycline HCl (Oral Capsule), T1	Mycophenolate Sodium (Oral Tablet Delayed Release), T1
Minocycline HCl (Oral Tablet Immediate Release), T1	Myorisan (Oral Capsule), T1
Minoxidil (Oral Tablet), T1	Myrbetriq (Oral Suspension Reconstituted ER), T1
Mirtazapine (Oral Tablet), T1	Myrbetriq (Oral Tablet Extended Release 24 Hour), T1
Mirtazapine ODT (Oral Tablet Dispersible), T1	
Mirvaso (External Gel), T1	N
Misoprostol (Oral Tablet), T1	Nabumetone (Oral Tablet), T1
Modafinil (Oral Tablet), T1	Nadolol (Oral Tablet), T1
Moexipril HCl (Oral Tablet), T1	Nafcillin Sodium (10GM Intravenous Solution Reconstituted), T1
Molindone HCl (Oral Tablet), T1	
Mometasone Furoate (External Cream), T1	
Mometasone Furoate (External Ointment), T1	
Mometasone Furoate (External Solution), T1	
Mometasone Furoate (Nasal Suspension), T1	
Montelukast Sodium (Oral Packet), T1	
Montelukast Sodium (Oral Tablet Chewable), T1	
Montelukast Sodium (Oral Tablet), T1	
Morphine Sulfate (10MG/5ML Oral Solution), T1	

Bold type = Brand name drug

Plain type = Generic drug

Nafcillin Sodium (Injection Solution Reconstituted), T1	Suspension), T1
Naftifine HCl (External Cream), T1	Neomycin-Polymyxin-HC (Otic Suspension), T1
Naftin (2% External Gel), T1	Nerlynx (Oral Tablet), T1
Naloxone HCl (0.4MG/ML Injection Solution), T1	Neuac (External Gel), T1
Naloxone HCl (Injection Solution Cartridge), T1	Neulasta (Subcutaneous Solution Prefilled Syringe), T1
Naloxone HCl (Injection Solution Prefilled Syringe), T1	Neupro (Transdermal Patch 24 Hour), T1
Naloxone HCl (Nasal Liquid), T1	Nevirapine (Oral Suspension), T1
Naltrexone HCl (Oral Tablet), T1	Nevirapine (Oral Tablet Immediate Release), T1
Namzarcic (Oral Capsule ER 24 Hour Therapy Pack), T1	Nevirapine ER (Oral Tablet Extended Release 24 Hour), T1
Namzarcic (Oral Capsule Extended Release 24 Hour), T1	Niacin (Antihyperlipidemic) (Oral Tablet Immediate Release), T1
Naproxen (Oral Suspension), T1	Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release), T1
Naproxen (Oral Tablet Immediate Release), T1	Niacor (Oral Tablet), T1
Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn), T1	Nicardipine HCl (Oral Capsule), T1
Naratriptan HCl (Oral Tablet), T1	Nicotrol (Inhalation Inhaler), T1
Narcan (Nasal Liquid), T1	Nicotrol NS (Nasal Solution), T1
Natacyn (Ophthalmic Suspension), T1	Nifedipine ER (Oral Tablet Extended Release 24 Hour), T1
Nateglinide (Oral Tablet), T1	Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour), T1
Natpara (Subcutaneous Cartridge), T1	Nikki (Oral Tablet), T1
Nayzilam (Nasal Solution), T1	Nilutamide (Oral Tablet), T1
Nebivolol HCl (Oral Tablet), T1	Nimodipine (Oral Capsule), T1
Necon 0.5/35 (28) (Oral Tablet), T1	Ninlaro (Oral Capsule), T1
Nefazodone HCl (Oral Tablet), T1	Nitazoxanide (Oral Tablet), T1
Neomycin Sulfate (Oral Tablet), T1	Nitisinone (Oral Capsule), T1
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment), T1	Nitro-Bid (Transdermal Ointment), T1
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment), T1	Nitrofurantoin (Oral Suspension), T1
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension), T1	Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin), T1
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment), T1	Nitrofurantoin Monohydrate (Generic Macrobid), T1
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution), T1	Nitroglycerin (Tablet Sublingual), T1
Neomycin-Polymyxin-HC (1% Otic Solution), T1	Nitroglycerin (Transdermal Patch 24 Hour), T1
Neomycin-Polymyxin-HC (Ophthalmic	Nitroglycerin (Translingual Solution), T1
	Nitrostat (Tablet Sublingual), T1

T1= Tier 1 Covered Drugs

Nizatidine (Oral Capsule), T1	Nymalize (Oral Solution), T1
Nora-BE (Oral Tablet), T1	Nymyo (Oral Tablet), T1
Norethindrone (0.35MG Oral Tablet), T1	Nystatin (External Cream), T1
Norethindrone Acetate (5MG Oral Tablet), T1	Nystatin (External Ointment), T1
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-20MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet), T1	Nystatin (External Powder), T1
Norethindrone Acetate-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable, 0.8-25MG-MCG Oral Tablet Chewable, 1-20MG-MCG(24) Oral Tablet Chewable), T1	Nystatin (Mouth/Throat Suspension), T1
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet), T1	Nystatin (Oral Tablet), T1
Norgestimate-Ethinyl Estradiol (Oral Tablet), T1	Nystop (External Powder), T1
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet), T1	O
Nortrel 0.5/35 (28) (Oral Tablet), T1	Ocaliva (Oral Tablet), T1
Nortrel 1/35 (21) (Oral Tablet), T1	Ocella (Oral Tablet), T1
Nortrel 1/35 (28) (Oral Tablet), T1	Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution), T1
Nortrel 7/7/7 (Oral Tablet), T1	Octreotide Acetate (Injection Solution), T1
Nortriptyline HCl (Oral Capsule), T1	Odefsey (Oral Tablet), T1
Nortriptyline HCl (Oral Solution), T1	Odomzo (Oral Capsule), T1
Norvir (Oral Packet), T1	Ofev (Oral Capsule), T1
Norvir (Oral Solution), T1	Ofloxacin (Ophthalmic Solution), T1
Noxafil (Oral Suspension), T1	Ofloxacin (Oral Tablet), T1
Nubeqa (Oral Tablet), T1	Ofloxacin (Otic Solution), T1
Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe), T1	Olanzapine (10MG Intramuscular Solution Reconstituted), T1
Nucala (Subcutaneous Solution Auto-Injector), T1	Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet), T1
Nucala (Subcutaneous Solution Reconstituted), T1	Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible), T1
Nuedexta (Oral Capsule), T1	Olmesartan Medoxomil (Oral Tablet), T1
Nuplazid (Oral Capsule), T1	Olmesartan Medoxomil-HCTZ (Oral Tablet), T1
Nuplazid (Oral Tablet), T1	Olmesartan-Amlodipine-HCTZ (Oral Tablet), T1
Nurtec ODT (Oral Tablet Dispersible), T1	Olopatadine HCl (Ophthalmic Solution), T1
Nutrilipid (Intravenous Emulsion), T1	Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza), T1
Nyamyc (External Powder), T1	Omeprazole (10MG Oral Capsule Delayed Release), T1
Nylia 1/35 (Oral Tablet), T1	Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release), T1
Nylia 7/7/7 (Oral Tablet), T1	Ondansetron HCl (4MG Oral Tablet, 8MG Oral

Bold type = Brand name drug

Plain type = Generic drug

Tablet), T1	Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour), T1
Ondansetron HCl (Oral Solution), T1	Oxycodone HCl (100MG/5ML Oral Concentrate), T1
Ondansetron ODT (Oral Tablet Dispersible), T1	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), T1
Onureg (Oral Tablet), T1	Oxycodone HCl (5MG/5ML Oral Solution), T1
Opsumit (Oral Tablet), T1	Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet), T1
Orencia (Subcutaneous Solution Prefilled Syringe), T1	Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (2MG/1.5ML Subcutaneous Solution Pen-Injector), T1
Orencia ClickJect (Subcutaneous Solution Auto-Injector), T1	Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector), T1
Orenitram (0.125MG Oral Tablet Extended Release), T1	Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector), T1
Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release), T1	P
Orfadin (20MG Oral Capsule), T1	PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY), T1
Orfadin (Oral Suspension), T1	PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY), T1
Orgovyx (Oral Tablet), T1	Pacerone (200MG Oral Tablet), T1
Orkambi (Oral Packet), T1	Paliperidone ER (Oral Tablet Extended Release 24 Hour), T1
Orkambi (Oral Tablet), T1	Panretin (External Gel), T1
Oseltamivir Phosphate (Oral Capsule), T1	Pantoprazole Sodium (Oral Tablet Delayed Release), T1
Oseltamivir Phosphate (Oral Suspension Reconstituted), T1	Panzyla (Intravenous Solution), T1
Osphena (Oral Tablet), T1	Paricalcitol (Oral Capsule), T1
Otezla (Oral Tablet Therapy Pack), T1	Paromomycin Sulfate (Oral Capsule), T1
Otezla (Oral Tablet), T1	Paroxetine HCl (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 40MG Oral Tablet Immediate Release), T1
Oxacillin Sodium (Injection Solution Reconstituted), T1	Paroxetine HCl (10MG/5ML Oral Suspension), T1
Oxacillin Sodium (Intravenous Solution Reconstituted), T1	Paser (Oral Packet), T1
Oxacillin Sodium in Dextrose (Intravenous Solution), T1	Pediarix (Intramuscular Suspension Prefilled
Oxandrolone (10MG Oral Tablet), T1	
Oxandrolone (2.5MG Oral Tablet), T1	
Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet), T1	
Oxcarbazepine (300MG/5ML Oral Suspension), T1	
Oxybutynin Chloride (Oral Syrup), T1	
Oxybutynin Chloride (Oral Tablet Immediate Release), T1	

T1= Tier 1 Covered Drugs

Syringe), T1

Pedvax HIB (Intramuscular Suspension), T1

Pegasys (Subcutaneous Solution Prefilled Syringe), T1

Pegasys (Subcutaneous Solution), T1

Pemazyre (Oral Tablet), T1

Penicillamine (250MG Oral Capsule), T1

Penicillamine (250MG Oral Tablet), T1

Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted), T1

Penicillin G Procaine (Intramuscular Suspension), T1

Penicillin G Sodium (Injection Solution Reconstituted), T1

Penicillin V Potassium (Oral Solution Reconstituted), T1

Penicillin V Potassium (Oral Tablet), T1

Pentacel (Intramuscular Suspension Reconstituted), T1

Pentamidine Isethionate (Inhalation Solution Reconstituted), T1

Pentamidine Isethionate (Injection Solution Reconstituted), T1

Pentasa (250MG Oral Capsule Extended Release), T1

Pentoxifylline ER (Oral Tablet Extended Release), T1

Perforomist (Inhalation Nebulization Solution), T1

Perindopril Erbumine (Oral Tablet), T1

Periogard (Mouth Solution), T1

Permethrin (External Cream), T1

Perphenazine (Oral Tablet), T1

Perseris (Subcutaneous Prefilled Syringe), T1

Phenelzine Sulfate (Oral Tablet), T1

Phenobarbital (Oral Elixir), T1

Phenobarbital (Oral Tablet), T1

Phenoxybenzamine HCl (Oral Capsule), T1

Phenytek (Oral Capsule), T1

Phenytoin (125MG/5ML Oral Suspension), T1

Phenytoin (Oral Tablet Chewable), T1

Phenytoin Sodium Extended (Oral Capsule), T1

Phoslyra (Oral Solution), T1

Pifeltro (Oral Tablet), T1

Pilocarpine HCl (Ophthalmic Solution), T1

Pilocarpine HCl (Oral Tablet), T1

Pimecrolimus (External Cream), T1

Pimozide (Oral Tablet), T1

Pimtree (Oral Tablet), T1

Pindolol (Oral Tablet), T1

Pioglitazone HCl (Oral Tablet), T1

Pioglitazone HCl-Glimepiride (Oral Tablet), T1

Pioglitazone HCl-Metformin HCl (Oral Tablet), T1

Piperacillin-Tazobactam (Intravenous Solution Reconstituted), T1

Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack), T1

Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack), T1

Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack), T1

Pirfenidone (Oral Tablet), T1

Pirmella 1/35 (Oral Tablet), T1

Piroxicam (Oral Capsule), T1

Plasma-Lyte 148 (Intravenous Solution), T1

Plasma-Lyte A (Intravenous Solution), T1

Plenaminate (Intravenous Solution), T1

Podofilox (External Solution), T1

Polymyxin B Sulfate (Injection Solution Reconstituted), T1

Polymyxin B-Trimethoprim (Ophthalmic Solution), T1

Pomalyst (Oral Capsule), T1

Portia-28 (Oral Tablet), T1

Posaconazole (Oral Tablet Delayed Release), T1

Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 2MEQ/ML (30ML) Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution, 40MEQ/100ML Intravenous Solution), T1

Bold type = Brand name drug

Plain type = Generic drug

Potassium Chloride (20MEQ/15ML(10%) Oral Solution, 40MEQ/15ML(20%) Oral Solution), T1	Oral Tablet Therapy Pack), T1
Potassium Chloride (Oral Packet), T1	Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet), T1
Potassium Chloride CR (Oral Tablet Extended Release), T1	Prednisone (5MG/5ML Oral Solution), T1
Potassium Chloride ER (Oral Capsule Extended Release), T1	Prednisone Intensol (Oral Concentrate), T1
Potassium Chloride ER (Oral Tablet Extended Release), T1	Pregabalin (Oral Capsule), T1
Potassium Chloride in Dextrose (Intravenous Solution), T1	Pregabalin (Oral Solution), T1
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution), T1	Premarin (Oral Tablet), T1
Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution), T1	Premarin (Vaginal Cream), T1
Potassium Citrate ER (Oral Tablet Extended Release), T1	Premasol (Intravenous Solution), T1
Praluent (Subcutaneous Solution Auto-Injector), T1	Premphase (Oral Tablet), T1
Pramipexole Dihydrochloride (Oral Tablet Immediate Release), T1	Prempro (Oral Tablet), T1
Prasugrel HCl (Oral Tablet), T1	Prenatal (27-1MG Oral Tablet), T1
Pravastatin Sodium (Oral Tablet), T1	Prevalite (Oral Packet), T1
Praziquantel (Oral Tablet), T1	Prevymis (Oral Tablet), T1
Prazosin HCl (Oral Capsule), T1	Prezcobix (Oral Tablet), T1
PreHevbrio (Intramuscular Suspension), T1	Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet), T1
Pred Mild (Ophthalmic Suspension), T1	Prezista (75MG Oral Tablet), T1
Pred-G (Ophthalmic Suspension), T1	Prezista (Oral Suspension), T1
Pred-G S.O.P. (Ophthalmic Ointment), T1	Priftin (Oral Tablet), T1
Prednicarbate (External Ointment), T1	Primaquine Phosphate (Oral Tablet), T1
Prednisolone (Oral Solution), T1	Primidone (Oral Tablet), T1
Prednisolone Acetate (Ophthalmic Suspension), T1	Privigen (20GM/200ML Intravenous Solution), T1
Prednisolone Sodium Phosphate (1% Ophthalmic Solution), T1	ProAir HFA (Inhalation Aerosol Solution), T1
Prednisolone Sodium Phosphate (25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution), T1	ProAir RespiClick (Inhalation Aerosol Powder Breath Activated), T1
Prednisone (10MG (21) Oral Tablet Therapy Pack, 10MG (48) Oral Tablet Therapy Pack, 5MG (21) Oral Tablet Therapy Pack, 5MG (48)	ProQuad (Subcutaneous Suspension Reconstituted), T1
	Probenecid (Oral Tablet), T1
	Probenecid-Colchicine (Oral Tablet), T1
	Procalamine (3% Intravenous Solution), T1
	Prochlorperazine (Rectal Suppository), T1
	Prochlorperazine Maleate (Oral Tablet), T1
	Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution), T1

T1= Tier 1 Covered Drugs

Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution), T1

Procto-Med HC (External Cream), T1

Procto-Pak (External Cream), T1

Proctosol HC (External Cream), T1

Proctozone-HC (External Cream), T1

Procysbi (Oral Packet), T1

Progesterone (Oral Capsule), T1

Prograf (Oral Packet), T1

Prolastin-C (Intravenous Solution Reconstituted), T1

Prolensa (Ophthalmic Solution), T1

Prolia (Subcutaneous Solution Prefilled Syringe), T1

Promacta (Oral Packet), T1

Promacta (Oral Tablet), T1

Promethazine HCl (Oral Syrup), T1

Promethazine HCl (Oral Tablet), T1

Promethazine HCl (Rectal Suppository), T1

Promethegan (25MG Rectal Suppository), T1

Propafenone HCl (Oral Tablet), T1

Propafenone HCl ER (Oral Capsule Extended Release 12 Hour), T1

Propranolol HCl (Oral Solution), T1

Propranolol HCl (Oral Tablet), T1

Propranolol HCl ER (Oral Capsule Extended Release 24 Hour), T1

Propylthiouracil (Oral Tablet), T1

Prosol (Intravenous Solution), T1

Protriptyline HCl (Oral Tablet), T1

Pulmozyme (Inhalation Solution), T1

Purixan (Oral Suspension), T1

Pyrazinamide (Oral Tablet), T1

Pyridostigmine Bromide (60MG Oral Tablet Immediate Release), T1

Pyridostigmine Bromide (Oral Solution), T1

Pyridostigmine Bromide ER (Oral Tablet Extended Release), T1

Pyrimethamine (Oral Tablet), T1

Q

Qinlock (Oral Tablet), T1

Quadracel (Intramuscular Suspension), T1

Quetiapine Fumarate (Oral Tablet Immediate Release), T1

Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour), T1

Quinapril HCl (Oral Tablet), T1

Quinapril-Hydrochlorothiazide (Oral Tablet), T1

Quinidine Gluconate ER (Oral Tablet Extended Release), T1

Quinidine Sulfate (Oral Tablet), T1

Quinine Sulfate (Oral Capsule), T1

R

RAVICTI (Oral Liquid), T1

RabAvert (Intramuscular Suspension Reconstituted), T1

Rabeprazole Sodium (Oral Tablet Delayed Release), T1

Raloxifene HCl (Oral Tablet), T1

Ramelteon (Oral Tablet), T1

Ramipril (Oral Capsule), T1

Ranolazine ER (Oral Tablet Extended Release 12 Hour), T1

Rasagiline Mesylate (Oral Tablet), T1

Rasuvo (Subcutaneous Solution Auto-Injector), T1

Rayaldee (Oral Capsule Extended Release), T1

Rebif (Subcutaneous Solution Prefilled Syringe), T1

Rebif Rebidose (Subcutaneous Solution Auto-Injector), T1

Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector), T1

Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe), T1

Reclipsen (Oral Tablet), T1

Recombivax HB (Injection Suspension), T1

Rectiv (Rectal Ointment), T1

Bold type = Brand name drug

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Regranex (External Gel), T1	Intramuscular Suspension Reconstituted ER), T1
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated), T1	Risperidone (0.25MG Oral Tablet, 0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet), T1
Relistor (Oral Tablet), T1	Risperidone (1MG/ML Oral Solution), T1
Relistor (Subcutaneous Solution), T1	Risperidone ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible, 3MG Oral Tablet Dispersible, 4MG Oral Tablet Dispersible), T1
Repaglinide (Oral Tablet), T1	Ritonavir (Oral Tablet), T1
Repatha (Subcutaneous Solution Prefilled Syringe), T1	Rivastigmine (Transdermal Patch 24 Hour), T1
Repatha Pushtronex System (Subcutaneous Solution Cartridge), T1	Rivastigmine Tartrate (Oral Capsule), T1
Repatha SureClick (Subcutaneous Solution Auto-Injector), T1	Rivelsa (Oral Tablet), T1
Restasis MultiDose (Ophthalmic Emulsion), T1	Rizatriptan Benzoate (Oral Tablet), T1
Restasis Single-Use Vials (Ophthalmic Emulsion), T1	Rizatriptan Benzoate ODT (Oral Tablet Dispersible), T1
Retacrit (Injection Solution), T1	Rocklatan (Ophthalmic Solution), T1
Retevmo (Oral Capsule), T1	Ropinirole HCl (Oral Tablet Immediate Release), T1
Revcovi (Intramuscular Solution), T1	Rosuvastatin Calcium (Oral Tablet), T1
Revlimid (Oral Capsule), T1	RotaTeq (Oral Solution), T1
Rexulti (Oral Tablet), T1	Rotarix (Oral Suspension Reconstituted), T1
Reyataz (Oral Packet), T1	Roweepra (Oral Tablet Immediate Release), T1
Rhopressa (Ophthalmic Solution), T1	Rozlytrek (Oral Capsule), T1
Ribavirin (Oral Tablet), T1	Rubraca (Oral Tablet), T1
Ridaura (Oral Capsule), T1	Ruconest (Intravenous Solution Reconstituted), T1
Rifabutin (Oral Capsule), T1	Rufinamide (200MG Oral Tablet), T1
Rifampin (150MG Oral Capsule, 300MG Oral Capsule), T1	Rufinamide (400MG Oral Tablet), T1
Rifampin (600MG Intravenous Solution Reconstituted), T1	Rufinamide (Oral Suspension), T1
Riluzole (Oral Tablet), T1	Rukobia (Oral Tablet Extended Release 12 Hour), T1
Rimantadine HCl (Oral Tablet), T1	Rybelsus (Oral Tablet), T1
Rinvoq (Oral Tablet Extended Release 24 Hour), T1	Rydapt (Oral Capsule), T1
Risedronate Sodium (Oral Tablet Immediate Release), T1	Rytary (Oral Capsule Extended Release), T1
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER), T1	S
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG	SPS (Oral Suspension), T1
	SSD (External Cream), T1

T1= Tier 1 Covered Drugs

Sajazir (Subcutaneous Solution), T1	Simvastatin (Oral Tablet), T1
Sancuso (Transdermal Patch), T1	Sirolimus (Oral Solution), T1
Sandimmune (Oral Solution), T1	Sirolimus (Oral Tablet), T1
Santyl (External Ointment), T1	Sirturo (Oral Tablet), T1
Sapropterin Dihydrochloride (Oral Packet), T1	Skyrizi (150MG Dose) (Subcutaneous Prefilled Syringe Kit), T1
Sapropterin Dihydrochloride (Oral Tablet), T1	Skyrizi (Subcutaneous Solution Prefilled Syringe), T1
Savella (Oral Tablet), T1	Skyrizi Pen (Subcutaneous Solution Auto-Injector), T1
Savella Titration Pack (Oral Tablet), T1	Sodium Chloride (0.45% Intravenous Solution), T1
Scemblix (Oral Tablet), T1	Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution), T1
Scopolamine (Transdermal Patch 72 Hour), T1	Sodium Chloride (5% Intravenous Solution), T1
Secuado (Transdermal Patch 24 Hour), T1	Sodium Chloride (Irrigation Solution), T1
Selegiline HCl (Oral Capsule), T1	Sodium Fluoride (Oral Tablet), T1
Selegiline HCl (Oral Tablet), T1	Sodium Phenylbutyrate (Oral Powder), T1
Selenium Sulfide (External Lotion), T1	Sodium Phenylbutyrate (Oral Tablet), T1
Selzentry (25MG Oral Tablet), T1	Sodium Polystyrene Sulfonate (Oral Powder), T1
Selzentry (75MG Oral Tablet), T1	Sofosbuvir-Velpatasvir (Oral Tablet), T1
Selzentry (Oral Solution), T1	Solifenacin Succinate (Oral Tablet), T1
Serevent Diskus (Inhalation Aerosol Powder Breath Activated), T1	Soliqua (Subcutaneous Solution Pen-Injector), T1
Serostim (Subcutaneous Solution Reconstituted), T1	Soltamox (Oral Solution), T1
Sertraline HCl (Oral Concentrate), T1	Somavert (Subcutaneous Solution Reconstituted), T1
Sertraline HCl (Oral Tablet), T1	Sorafenib Tosylate (Oral Tablet), T1
Setlakin (Oral Tablet), T1	Sorine (Oral Tablet), T1
Sevelamer Carbonate (Oral Packet), T1	Sotalol HCl (Oral Tablet), T1
Sevelamer Carbonate (Oral Tablet) (Generic Renvela), T1	Sotalol HCl AF (Oral Tablet), T1
Sharobel (Oral Tablet), T1	Sovaldi (400MG Oral Tablet), T1
Shingrix (Intramuscular Suspension Reconstituted), T1	Sovaldi (Oral Packet), T1
Signifor (Subcutaneous Solution), T1	Spiriva HandiHaler (Inhalation Capsule), T1
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio), T1	Spiriva Respimat (Inhalation Aerosol Solution), T1
Silodosin (Oral Capsule), T1	Spirolactone (Oral Tablet), T1
Silver Sulfadiazine (External Cream), T1	Spirolactone-HCTZ (Oral Tablet), T1
Simbrinza (Ophthalmic Suspension), T1	Sprintec 28 (Oral Tablet), T1
Simponi (Subcutaneous Solution Auto-Injector), T1	
Simponi (Subcutaneous Solution Prefilled Syringe), T1	

Bold type = Brand name drug

Plain type = Generic drug

Spritam ODT (Oral Tablet Disintegrating Soluble), T1

Sprycel (Oral Tablet), T1

Sronyx (Oral Tablet), T1

Stelara (Subcutaneous Solution Prefilled Syringe), T1

Stelara (Subcutaneous Solution), T1

Stiolto Respimat (Inhalation Aerosol Solution), T1

Stivarga (Oral Tablet), T1

Streptomycin Sulfate (Intramuscular Solution Reconstituted), T1

Stribild (Oral Tablet), T1

Suboxone (Sublingual Film), T1

Sucraid (Oral Solution), T1

Sucrafate (Oral Suspension), T1

Sucrafate (Oral Tablet), T1

Sulfacetamide Sodium (Ophthalmic Ointment), T1

Sulfacetamide Sodium (Ophthalmic Solution), T1

Sulfacetamide-Prednisolone (Ophthalmic Solution), T1

Sulfadiazine (Oral Tablet), T1

Sulfamethoxazole-Trimethoprim (Oral Suspension), T1

Sulfamethoxazole-Trimethoprim (Oral Tablet), T1

Sulfamylon (External Cream), T1

Sulfasalazine (Oral Tablet Delayed Release), T1

Sulfasalazine (Oral Tablet Immediate Release), T1

Sulindac (Oral Tablet), T1

Sumatriptan (Nasal Solution), T1

Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet), T1

Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector), T1

Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution), T1

Sunitinib Malate (Oral Capsule), T1

Suprax (500MG/5ML Oral Suspension Reconstituted), T1

Suprax (Oral Tablet Chewable), T1

Suprep Bowel Prep Kit (Oral Solution), T1

Syeda (Oral Tablet), T1

Symbicort (Inhalation Aerosol), T1

SymlinPen 120 (Subcutaneous Solution Pen-Injector), T1

SymlinPen 60 (Subcutaneous Solution Pen-Injector), T1

Sympazan (Oral Film), T1

Symtuza (Oral Tablet), T1

Synarel (Nasal Solution), T1

Synjardy (Oral Tablet Immediate Release), T1

Synjardy XR (Oral Tablet Extended Release 24 Hour), T1

Synribo (Subcutaneous Solution Reconstituted), T1

Synthroid (Oral Tablet), T1

T

TDVAX (Intramuscular Suspension), T1

TOBI Podhaler (Inhalation Capsule), T1

TPN Electrolytes (Intravenous Concentrate), T1

Tabloid (Oral Tablet), T1

Tabrecta (Oral Tablet), T1

Tacrolimus (External Ointment), T1

Tacrolimus (Oral Capsule), T1

Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca), T1

Tafinlar (Oral Capsule), T1

Tagrisso (Oral Tablet), T1

Talzenna (Oral Capsule), T1

Tamoxifen Citrate (Oral Tablet), T1

Tamsulosin HCl (Oral Capsule), T1

Tarina 24 Fe (Oral Tablet), T1

Tarina Fe 1/20 EQ (Oral Tablet), T1

Tasigna (Oral Capsule), T1

Tazarotene (External Cream), T1

Tazicef (2GM Intravenous Solution)

T1= Tier 1 Covered Drugs

Reconstituted, 6GM Intravenous Solution Reconstituted), T1

Tazicef (Injection Solution Reconstituted), T1

Taztia XT (Oral Capsule Extended Release 24 Hour), T1

Tazverik (Oral Tablet), T1

Teflaro (Intravenous Solution Reconstituted), T1

Tegsedi (Subcutaneous Solution Prefilled Syringe), T1

Telmisartan (Oral Tablet), T1

Telmisartan-Amlodipine (Oral Tablet), T1

Telmisartan-HCTZ (Oral Tablet), T1

Temazepam (15MG Oral Capsule, 30MG Oral Capsule), T1

Tenivac (Intramuscular Injectable), T1

Tenofovir Disoproxil Fumarate (Oral Tablet), T1

Tepmetko (Oral Tablet), T1

Terazosin HCl (Oral Capsule), T1

Terbinafine HCl (Oral Tablet), T1

Terconazole (Vaginal Cream), T1

Terconazole (Vaginal Suppository), T1

Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector), T1

Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel), Testosterone Pump (1.62% Transdermal Gel), T1

Testosterone (25MG/2.5GM 1% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel), T1

Testosterone Cypionate (Intramuscular Solution), T1

Testosterone Enanthate (Intramuscular Solution), T1

Tetrabenazine (12.5MG Oral Tablet), T1

Tetrabenazine (25MG Oral Tablet), T1

Tetracycline HCl (Oral Capsule), T1

Thalomid (Oral Capsule), T1

Theophylline (Oral Solution), T1

Theophylline ER (Oral Tablet Extended Release

12 Hour), T1

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

Thioridazine HCl (Oral Tablet), T1

Thiothixene (Oral Capsule), T1

Tiadyt ER (Oral Capsule Extended Release 24 Hour), T1

Tiagabine HCl (Oral Tablet), T1

Tibsovo (Oral Tablet), T1

Ticovac (2.4MCG/0.5ML Intramuscular Suspension Prefilled Syringe), T1

Tigecycline (Intravenous Solution Reconstituted), T1

Tilia Fe (Oral Tablet), T1

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

Timolol Maleate (Oral Tablet), T1

Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE), T1

Tinidazole (Oral Tablet), T1

Tivicay (10MG Oral Tablet, 25MG Oral Tablet), T1

Tivicay (50MG Oral Tablet), T1

Tivicay PD (Oral Tablet Soluble), T1

Tizanidine HCl (Oral Tablet), T1

TobraDex (Ophthalmic Ointment), T1

TobraDex ST (Ophthalmic Suspension), T1

Tobramycin (Inhalation Nebulization Solution), T1

Tobramycin (Ophthalmic Solution), T1

Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution), T1

Tobramycin-Dexamethasone (Ophthalmic Suspension), T1

Tobrex (Ophthalmic Ointment), T1

Tolcapone (Oral Tablet), T1

Tolterodine Tartrate (Oral Tablet), T1

Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour), T1

Topiramate (Oral Capsule Sprinkle Immediate

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Release), T1	Trexall (Oral Tablet), T1
Topiramate (Oral Tablet), T1	Tri-Estarylla (Oral Tablet), T1
Toremifene Citrate (Oral Tablet), T1	Tri-Legest Fe (Oral Tablet), T1
Torseamide (Oral Tablet), T1	Tri-Lo-Estarylla (Oral Tablet), T1
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector), T1	Tri-Lo-Sprintec (Oral Tablet), T1
Toujeo SoloStar (Subcutaneous Solution Pen-Injector), T1	Tri-Mili (Oral Tablet), T1
Tracleer (Oral Tablet Soluble), T1	Tri-Nymyo (Oral Tablet), T1
Tradjenta (Oral Tablet), T1	Tri-Sprintec (Oral Tablet), T1
Tramadol HCl (50MG Oral Tablet Immediate Release), T1	Tri-VyLibra (Oral Tablet), T1
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour), T1	Tri-VyLibra Lo (Oral Tablet), T1
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour), T1	Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment), T1
Tramadol-Acetaminophen (Oral Tablet), T1	Triamcinolone Acetonide (Dental Paste), T1
Trandolapril (Oral Tablet), T1	Triamcinolone Acetonide (External Cream), T1
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release), T1	Triamcinolone Acetonide (External Lotion), T1
Tranexamic Acid (Oral Tablet), T1	Triamterene (Oral Capsule), T1
Tranylcypramine Sulfate (Oral Tablet), T1	Triamterene-HCTZ (Oral Capsule), T1
Travasol (Intravenous Solution), T1	Triamterene-HCTZ (Oral Tablet), T1
Travoprost (BAK Free) (Ophthalmic Solution), T1	Triderm (External Cream), T1
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet), T1	Trientine HCl (Oral Capsule), T1
Trazodone HCl (300MG Oral Tablet), T1	Trifluoperazine HCl (Oral Tablet), T1
Trecator (Oral Tablet), T1	Trifluridine (Ophthalmic Solution), T1
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated), T1	Trihexyphenidyl HCl (Oral Solution), T1
Trelstar Mixject (Intramuscular Suspension Reconstituted), T1	Trihexyphenidyl HCl (Oral Tablet), T1
Tresiba (Subcutaneous Solution), T1	Trijardy XR (Oral Tablet Extended Release 24 Hour), T1
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector), T1	Trimethoprim (Oral Tablet), T1
Tretinoin (0.01% External Gel, 0.025% External Gel), T1	Trimipramine Maleate (Oral Capsule), T1
Tretinoin (External Cream), T1	Trintellix (Oral Tablet), T1
Tretinoin (Oral Capsule), T1	Triumeq (Oral Tablet), T1
Tretinoin Microsphere (External Gel), T1	Triumeq PD (Oral Tablet Soluble), T1
	Trivora (28) (Oral Tablet), T1
	Trizivir (Oral Tablet), T1
	TrophAmine (Intravenous Solution), T1
	Trospium Chloride (Oral Tablet), T1
	Trulance (Oral Tablet), T1
	Trulicity (Subcutaneous Solution Pen-Injector), T1

T1= Tier 1 Covered Drugs

Trumenba (Intramuscular Suspension Prefilled Syringe), T1

Truseltiq (100MG Daily Dose) (Oral Capsule Therapy Pack), T1

Truseltiq (125MG Daily Dose) (Oral Capsule Therapy Pack), T1

Truseltiq (50MG Daily Dose) (Oral Capsule Therapy Pack), T1

Truseltiq (75MG Daily Dose) (Oral Capsule Therapy Pack), T1

Tukysa (Oral Tablet), T1

Turalio (Oral Capsule), T1

Twinrix (Intramuscular Suspension Prefilled Syringe), T1

Tybost (Oral Tablet), T1

Tymlos (Subcutaneous Solution Pen-Injector), T1

Typhim Vi (Intramuscular Solution Prefilled Syringe), T1

Typhim Vi (Intramuscular Solution), T1

U

Unithroid (Oral Tablet), T1

Ursodiol (300MG Oral Capsule), T1

Ursodiol (Oral Tablet), T1

V

VAQTA (Intramuscular Suspension), T1

Valacyclovir HCl (Oral Tablet), T1

Valchlor (External Gel), T1

Valganciclovir HCl (450MG Oral Tablet), T1

Valganciclovir HCl (50MG/ML Oral Solution Reconstituted), T1

Valproic Acid (Oral Capsule), T1

Valproic Acid (Oral Solution), T1

Valsartan (Oral Tablet), T1

Valsartan-Hydrochlorothiazide (Oral Tablet), T1

Valtoco 10MG Dose (Nasal Liquid), T1

Valtoco 15MG Dose (Nasal Liquid Therapy Pack), T1

Valtoco 20MG Dose (Nasal Liquid Therapy Pack), T1

Valtoco 5MG Dose (Nasal Liquid), T1

Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted), T1

Vancomycin HCl (Oral Capsule), T1

Vandazole (Vaginal Gel), T1

Varenicline Tartrate (Oral Tablet Pack), T1

Varenicline Tartrate (Oral Tablet), T1

Varivax (Subcutaneous Injectable), T1

Vascepa (Oral Capsule), T1

Velivet (Oral Tablet), T1

Velphoro (Oral Tablet Chewable), T1

Veltassa (Oral Packet), T1

Vemlidy (Oral Tablet), T1

Venclexta (100MG Oral Tablet, 50MG Oral Tablet), T1

Venclexta (10MG Oral Tablet), T1

Venclexta Starting Pack (Oral Tablet Therapy Pack), T1

Venlafaxine HCl (Oral Tablet Immediate Release), T1

Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour), T1

Ventavis (Inhalation Solution), T1

Verapamil HCl (Oral Tablet Immediate Release), T1

Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour), T1

Verapamil HCl ER (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour), T1

Verapamil HCl ER (Oral Tablet Extended Release), T1

Versacloz (Oral Suspension), T1

Bold type = Brand name drug

Plain type = Generic drug

Verzenio (Oral Tablet), T1	Vyndaqel (Oral Capsule), T1
Vestura (Oral Tablet), T1	Vyvance (Oral Capsule), T1
Vibramycin (50MG/5ML Oral Syrup), T1	Vyvance (Oral Tablet Chewable), T1
Victoza (Subcutaneous Solution Pen-Injector), T1	Vyzulta (Ophthalmic Solution), T1
Vienva (Oral Tablet), T1	W
Vigabatrin (Oral Packet), T1	WYMZYA Fe (Oral Tablet Chewable), T1
Vigabatrin (Oral Tablet), T1	Warfarin Sodium (Oral Tablet), T1
Vigadrone (Oral Packet), T1	Welireg (Oral Tablet), T1
Viibryd (Oral Tablet), T1	Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair), T1
Viibryd Starter Pack (Oral Kit), T1	X
Vilazodone HCl (Oral Tablet), T1	Xalkori (Oral Capsule), T1
Vimpat (Oral Solution), T1	Xarelto (Oral Tablet), T1
Vimpat (Oral Tablet), T1	Xarelto Starter Pack (Oral Tablet Therapy Pack), T1
Viracept (Oral Tablet), T1	Xatmep (Oral Solution), T1
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet), T1	Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet), T1
Viread (Oral Powder), T1	Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack), T1
Vitrakvi (Oral Capsule), T1	Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack), T1
Vitrakvi (Oral Solution), T1	Xcopri (250MG Daily Dose) (100MG & 150MG Oral Tablet Therapy Pack), T1
Vivitrol (Intramuscular Suspension Reconstituted), T1	Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack), T1
Vizimpro (Oral Tablet), T1	Xeljanz (Oral Solution), T1
Vonjo (Oral Capsule), T1	Xeljanz (Oral Tablet Immediate Release), T1
Voriconazole (Intravenous Solution Reconstituted), T1	Xeljanz XR (Oral Tablet Extended Release 24 Hour), T1
Voriconazole (Oral Suspension Reconstituted), T1	Xermelo (Oral Tablet), T1
Voriconazole (Oral Tablet), T1	Xgeva (Subcutaneous Solution), T1
Vosevi (Oral Tablet), T1	Xifaxan (Oral Tablet), T1
Votrient (Oral Tablet), T1	Xigduo XR (Oral Tablet Extended Release 24 Hour), T1
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule), T1	Xiidra (Ophthalmic Solution), T1
Vraylar (Oral Capsule Therapy Pack), T1	Xofluza (40MG Dose) (1 x 40MG Oral Tablet Therapy Pack), T1
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle), T1	
VyLibra (Oral Tablet), T1	
Vyfemla (Oral Tablet), T1	
Vyndamax (Oral Capsule), T1	

T1= Tier 1 Covered Drugs

Xofluza (80MG Dose) (1 x 80MG Oral Tablet Therapy Pack), T1	T1
Xolair (Subcutaneous Solution Prefilled Syringe), T1	Zejula (Oral Capsule), T1
Xolair (Subcutaneous Solution Reconstituted), T1	Zelapar ODT (Oral Tablet Dispersible), T1
Xospata (Oral Tablet), T1	Zelboraf (Oral Tablet), T1
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack), T1	Zemaira (Intravenous Solution Reconstituted), T1
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack), T1	Zenatane (Oral Capsule), T1
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack), T1	Zenpep (Oral Capsule Delayed Release Particles), T1
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack), T1	Zerbaxa (Intravenous Solution Reconstituted), T1
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack), T1	Zidovudine (Oral Capsule), T1
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack), T1	Zidovudine (Oral Syrup), T1
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack), T1	Zidovudine (Oral Tablet), T1
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent), T1	Ziextenzo (Subcutaneous Solution Prefilled Syringe), T1
Xtandi (Oral Capsule), T1	Zileuton ER (Oral Tablet Extended Release 12 Hour), T1
Xtandi (Oral Tablet), T1	Ziprasidone HCl (Oral Capsule), T1
Xulane (Transdermal Patch Weekly), T1	Ziprasidone Mesylate (Intramuscular Solution Reconstituted), T1
Xyrem (Oral Solution), T1	Zirgan (Ophthalmic Gel), T1
Y	Zolinza (Oral Capsule), T1
YF-Vax (Subcutaneous Injectable), T1	Zolpidem Tartrate (Oral Tablet Immediate Release), T1
Yuvaferm (Vaginal Tablet), T1	Zonisamide (Oral Capsule), T1
Z	Zorbtive (Subcutaneous Solution Reconstituted), T1
Zafemy (Transdermal Patch Weekly), T1	Zovia 1/35 (28) (Oral Tablet), T1
Zafirlukast (Oral Tablet), T1	Zydelig (Oral Tablet), T1
Zaleplon (Oral Capsule), T1	Zyflo (Oral Tablet Immediate Release), T1
Zarxio (Injection Solution Prefilled Syringe),	Zykadia (Oral Tablet), T1
	Zyprexa Relprew (210MG Intramuscular Suspension Reconstituted), T1

Bold type = Brand name drug

Plain type = Generic drug

Over-the-counter Medicaid drug list

Your plan covers some over-the-counter (OTC) drugs not normally covered under our Medicare Part D benefit (as long as you have full Medicaid benefits from the Florida Agency for Health Care Administration (AHCA)).

You will need a prescription from your doctor to have the drugs listed below covered. Unless your doctor directs otherwise, prescriptions written for brand name drugs will be filled with the generic version if one is available.

These drugs are available at a \$0 copay based on your level of Medicaid eligibility. They don't count towards your total drug costs or help you qualify for catastrophic coverage. If you get Extra Help to pay for prescriptions, it does not apply to these OTC drugs.

Check with your doctor and the plan to see if your drug requires prior authorization. If it does, you or your doctor will need to get approval from the plan before the drug may be covered.

The alphabetical list below shows the prescription OTC and Medicaid covered drugs.

#	
	Allergy Relief/Nasal Decongestant (Tablet ER 24HR)
3 Day Vaginal (Cream)	Antacid (Tablet Chewable)
8 Hour Arthritis Pain Reliever (Tablet ER)	Antacid Calcium Regular Strength (Tablet Chewable)
8Hr Muscle Aches & Pain (Tablet ER)	Antacid Extra Strength (Tablet Chewable)
A	
Acetaminophen (Liquid)	Antacid Ultra Strength (Tablet Chewable)
Acetaminophen Childrens (Suspension)	Arthritis Pain Relief (Tablet ER)
Acetaminophen Er (Tablet ER)	Aspirin (Suppository)
Acetaminophen Er 8 Hour Arthritis Pain (Tablet ER)	Aspirin (Tablet Chewable)
Adult Aspirin Regimen (Tablet DR)	Aspirin (Tablet DR)
All Day Allergy (Tablet)	Aspirin (Tablet)
All Day Allergy Childrens (Solution)	Aspirin Adult Low Dose (Tablet DR)
All Day Allergy-D (Tablet ER 12HR)	Aspirin Low Dose (Tablet Chewable)
Allergy Relief (Tablet)	Aspirin Low Dose (Tablet DR)
Allergy Relief Childrens (Solution)	Aspirin Regular Strength (Tablet DR)
Allergy Relief D (Tablet ER 12HR)	C
Allergy Relief D-12 (Tablet ER 12HR)	Cal-Gest Antacid (Tablet Chewable)
Allergy Relief D-24 (Tablet ER 24HR)	Calcium Acetate (Tablet)
Allergy Relief Nasal Decongestant (Tablet ER 12HR)	Calcium Antacid (Tablet Chewable)
Allergy Relief/Indoor/Outdoor (Tablet)	Calcium Antacid Extra Strength (Tablet Chewable)

Bold type = Brand name drug

Plain type = Generic drug

Calcium Carbonate (Suspension)	24HR)
Calcium Carbonate (Tablet)	Gnp Antacid Extra Strength (Tablet Chewable)
Calphron (Tablet)	Gnp Arthritis Pain Relief (Tablet ER)
Cetirizine Hcl (Tablet Chewable)	Gnp Aspirin (Tablet DR)
Cetirizine Hcl (Tablet)	Gnp Aspirin (Tablet)
Cetirizine Hcl Allergy Childrens (Solution)	Gnp Aspirin Low Dose (Tablet DR)
Cetirizine Hcl Childrens Allergy (Solution)	Gnp Calcium (Tablet)
Cetirizine Hcl/Pseudoephedrine Hcl Er (Tablet ER 12HR)	Gnp Clotrimazole 3 (Cream)
Cetirizine Hydrochloride (Tablet Chewable)	Gnp Infants Pain/Fever (Suspension)
Cetirizine Hydrochloride (Tablet)	Gnp Loratadine (Syrup)
Cetirizine Hydrochloride Childrens Allergy (Solution)	Gnp Loratadine (Tablet Disintegrating)
Cetirizine Hydrochloride/Pseudoephedrine Hydrochloride (Tablet ER 12HR)	Gnp Loratadine (Tablet)
Chest Congestion Relief (Syrup)	Gnp Loratadine Childrens (Solution)
Chest Congestion Relief (Tablet)	Gnp Miconazole 3 (Kit)
Chest Congestion Relief Dm (Syrup)	Gnp Miconazole 7 (Cream)
Chest Congestion Relief Dm (Tablet)	Gnp Mucus Dm Maximum Strength (Tablet ER 12HR)
Children'S Chewable Acetaminophen (Tablet Chewable)	Gnp Mucus Er (Tablet ER 12HR)
Childrens Loratadine (Solution)	Gnp Mucus Relief (Tablet)
Childrens Loratadine (Syrup)	Gnp Mucus Relief Dm Max (Liquid)
Childrens Silapap (Liquid)	Gnp Nicotine Gum (Gum)
Clearlax (Powder)	Gnp Nicotine Mini Lozenge (Lozenge)
Clotrimazole (Cream)	Gnp Nicotine Polacrilex (Gum)
Codeine/Guaifenesin (Solution)	Gnp Nicotine Polacrilex (Lozenge)
D	Gnp Nicotine Polacrilex Mini (Lozenge)
Dialyvite 800/Iron (Tablet)	Gnp Nicotine Transdermal System (Patch 24 HR)
E	Gnp Nicotine Transdermal System Step 2 (Patch 24 HR)
Ed-Apap (Liquid)	Gnp Pain & Fever Childrens (Suspension)
G	Gnp Pain & Fever Infants (Suspension)
Gnp 8 Hour Arthritis Relief (Tablet ER)	Gnp Pain Relief (Tablet Chewable)
Gnp 8 Hour Pain Relief (Tablet ER)	Gnp Tab Tussin (Tablet)
Gnp Adult Aspirin Low Strength (Tablet Chewable)	Gnp Tussin Dm Max (Liquid)
Gnp All Day Allergy (Tablet)	Gnp Tussin Mucus & Chest Congestion (Liquid)
Gnp All Day Allergy Childrens (Solution)	Goodsense All Day Allergy (Tablet)
Gnp All Day Allergy-D (Tablet ER 12HR)	Goodsense All Day Allergychildrens (Solution)
Gnp Allergy & Congestion Relief (Tablet ER	Goodsense Allergy Relief (Tablet)
	Goodsense Arthritis Pain (Tablet ER)
	Goodsense Aspirin (Tablet Chewable)

Bold type = Brand name drug

Plain type = Generic drug

Goodsense Aspirin (Tablet)
 Goodsense Nicotine (Lozenge)
 Goodsense Nicotine Gum (Gum)
 Goodsense Nicotine Polacrilex (Lozenge)
 Goodsense Nicotine Polacrilex Gum (Gum)
 Goodsense Pain & Fever Childrens (Suspension)
 Goodsense Pain & Fever Infants (Suspension)
 Goodsense Tussin Dm Max (Liquid)
 Guaifenesin (Liquid)
 Guaifenesin (Solution)
 Guaifenesin Er (Tablet ER 12HR)
 Guaifenesin-Dm (Syrup)
 Guaifenesin/Dextromethorphan (Liquid)
 Guaifenesin/Dextromethorphan Hydrobromide (Syrup)
 Guaifenesin/Dextromethorphan Hydrobromide (Tablet ER 12HR)

H

Hm Acetaminophen Childrens (Tablet Chewable)
 Hm Adult Aspirin (Tablet)
 Hm Adult Tussin Cough & Congestion Dm (Liquid)
 Hm Allergy & Congestion (Tablet ER 12HR)
 Hm Allergy Complete-D (Tablet ER 12HR)
 Hm Allergy Relief & Nasaldecongestant (Tablet ER 24HR)
 Hm Allergy Relief (Tablet)
 Hm Antacid Extra Strength (Tablet Chewable)
 Hm Antacid Regular Strength (Tablet Chewable)
 Hm Arthritis Pain Relief (Tablet ER)
 Hm Aspirin (Tablet Chewable)
 Hm Aspirin (Tablet DR)
 Hm Aspirin Ec Low Dose (Tablet DR)
 Hm Calcium Antacid Extra Strength (Tablet Chewable)
 Hm Chest Congestion Relief (Tablet)
 Hm Loratadine (Tablet)
 Hm Loratadine Childrens (Syrup)
 Hm Mucus Relief (Tablet ER 12HR)

Hm Mucus Relief Dm (Tablet ER 12HR)
 Hm Mucus Relief Maximum Strength (Tablet ER 12HR)
 Hm Nicotine Polacrilex (Gum)
 Hm Nicotine Polacrilex (Lozenge)
 Hm Nicotine Transdermal System Step 1 (Patch 24 HR)
 Hm Nicotine Transdermal System Step 2 (Patch 24 HR)
 Hm Nicotine Transdermal System Step 3 (Patch 24 HR)
 Hm Pain & Fever Infants (Suspension)
 Hm Pain Reliever Childrens (Suspension)
 Hm Pain Reliever Childrens Dye-Free (Suspension)
 Hm Pain Reliever Infants (Suspension)
 Hm Tussin Adult (Liquid)
 Hm Tussin Adult Cough & Chest Congestion Dm (Liquid)

L

Liquid Acetaminophen (Liquid)
 Loratadine (Syrup)
 Loratadine (Tablet)
 Loratadine Childrens (Syrup)
 Loratadine-D 12Hr (Tablet ER 12HR)
 Loratadine-D 24Hr (Tablet ER 24HR)

M

M-Pap (Liquid)
 Mapap Arthritis Pain (Tablet ER)
 Mapap Childrens (Tablet Chewable)
 Miconazole (Cream)
 Miconazole 3 Combo Pack (Kit)
 Miconazole 7 (Cream)
 Miconazole 7 (Suppository)
 Miconazole Nitrate (Cream)
 Mucus & Chest Congestion (Liquid)
 Mucus & Cough Relief Childrens (Liquid)
 Mucus Relief (Tablet ER 12HR)
 Mucus Relief Dm (Liquid)
 Mucus Relief Dm (Tablet ER 12HR)

Bold type = Brand name drug

Plain type = Generic drug

Mucus Relief Dm Cough (Tablet)
 Mucus Relief Dm Maximum Strength (Liquid)
 Mucus Relief Dm Maximum Strength (Tablet ER 12HR)
 Mucus Relief Er (Tablet ER 12HR)
 Mucus Relief Maximum Strength (Tablet ER 12HR)
 Mucus-Dm Maximum Strength (Tablet ER 12HR)

N

Nicotine (Lozenge)
 Nicotine Mini Lozenge (Lozenge)
 Nicotine Polacrilex (Gum)
 Nicotine Polacrilex (Lozenge)
 Nicotine Polacrilex Mini (Lozenge)
 Nicotine Transdermal System (Kit)
 Nicotine Transdermal System (Patch 24 HR)
 Nicotine Transdermal System Step 1 (Patch 24 HR)
 Nicotine Transdermal System Step 1/Clear (Patch 24 HR)
 Nicotine Transdermal System Step 2 (Patch 24 HR)
 Nicotine Transdermal System Step 2/Clear (Patch 24 HR)
 Nicotine Transdermal System Step 3 (Patch 24 HR)
 Nicotine Transdermal System Step 3/Clear (Patch 24 HR)
 Niva-Fol (Tablet)
 Non-Aspirin Childrens (Suspension)

O

Oyster Shell Calcium (Tablet)
 Oyster Shell Calcium 500 (Tablet)

P

Pain & Fever Childrens (Suspension)
 Pain & Fever Infants (Suspension)
 Peg 3350 (Packet)
 Peg3350 (Powder)
 Polyethylene Glycol 3350 (Packet)
 Polyethylene Glycol 3350 (Powder)

Q

Qc Aspirin (Tablet)
 Qc Aspirin Low Dose (Tablet Chewable)
 Qc Aspirin Low Dose (Tablet DR)
 Qc Enteric Aspirin (Tablet DR)
 Qc Medifin 400 (Tablet)
 Qc Miconazole 7 (Cream)
 Qc Non-Aspirin Childrens (Suspension)
 Qc Pain Relief Childrens (Suspension)
 Qc Tussin Mucus + Chest Congestion Adult (Liquid)

R

Robafen Mucus/Chest Congestion (Liquid)

S

Siltussin Sa (Syrup)
 Sm 3-Day Vaginal (Cream)
 Sm Adult Aspirin (Tablet)
 Sm All Day Allergy (Tablet)
 Sm All Day Allergy Childrens (Solution)
 Sm All Day Allergy Relief (Tablet)
 Sm All Day Allergy-D (Tablet ER 12HR)
 Sm Aspirin Adult Low Strength (Tablet Chewable)
 Sm Aspirin Adult Low Strength (Tablet DR)
 Sm Aspirin Enteric Coated (Tablet DR)
 Sm Aspirin Low Dose (Tablet Chewable)
 Sm Aspirin Low Dose (Tablet DR)
 Sm Chest Congestion Relief (Tablet)
 Sm Clotrimazole Vaginal (Cream)
 Sm Lorata-Dine D (Tablet ER 24HR)
 Sm Loratadine (Syrup)
 Sm Loratadine (Tablet)
 Sm Loratadine D 12Hr (Tablet ER 12HR)
 Sm Miconazole 3 (Kit)
 Sm Miconazole 7 (Cream)
 Sm Miconazole 7 (Suppository)
 Sm Mucus Relief (Tablet ER 12HR)
 Sm Mucus Relief Maximum Strength (Tablet ER 12HR)

Drug List

Bold type = Brand name drug

Plain type = Generic drug

Sm Mucus Relief/12 Hour (Tablet ER 12HR)
Sm Nicotine (Gum)
Sm Nicotine (Lozenge)
Sm Nicotine Polacrilex (Gum)
Sm Nicotine Polacrilex (Lozenge)
Sm Nicotine Transdermal System/Step 1/Clear (Patch 24 HR)
Sm Nicotine Transdermal System/Step 2/Clear (Patch 24 HR)
Sm Nicotine Transdermal System/Step 3/Clear (Patch 24 HR)
Sm Pain & Fever Childrens (Suspension)
Sm Pain & Fever Infants (Suspension)
Sm Pain Reliever Childrens (Suspension)

Sm Tioconazole-1 (Ointment)
Sm Tussin Dm Max/Cough + Congestion Dm (Liquid)
Sm Tussin Mucus + Chest Congestion Adult (Liquid)
Smooth Antacid Extra Strength (Tablet Chewable)
T
Tusnel Diabetic (Liquid)
Tussin Dm Cough + Chest Congestion (Liquid)
Tussin Dm Maximum Strength/Adult (Liquid)
Tussin Mucus & Chest Congestion Adult (Liquid)
Tussin Mucus + Chest Congestion (Syrup)
Tussin Mucus + Chest Congestion Adult (Liquid)

Bold type = Brand name drug

Plain type = Generic drug

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 – 1 Lubiprostone – 1 Movantik – 1 Motegrity – 1 Relistor – 1 Trulance – 1
Basaglar	Lantus – 1 Levemir – 1 Toujeo – 1 Tresiba – 1
Bystolic	Atenolol Tablet – 1 Bisoprolol Fumarate – 1 Metoprolol Tablet – 1 Carvedilol Tablet – 1
Cialis & Tadalafil 2.5mg and 5mg (BPH Only)	Alfuzosin Extended Release – 1 Doxazosin – 1 Tamsulosin – 1
Cyclosporine Ophthalmic	Restasis – 1
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic Glucophage XR) – 1
Novolin	Humulin – 1
Novolog	Humalog – 1 Insulin Lispro – 1 Lyumjev – 1
Nucynta ER	Xtampza XR – 1 Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets – 1
OxyContin	Xtampza XR – 1 Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets – 1
Pradaxa	Eliquis – 1 Xarelto – 1

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

Bold type = Brand name drug Plain type = Generic drug



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

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

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Ready to Enroll

Plan Recap

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

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

Plan Information

The name of my new plan is: _____

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

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

My plan type: Requires referrals Does not require referrals

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

Does not include a medical deductible

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

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

Proposed effective date: - -

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

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

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

I must (circle one) **have Medicaid / have a qualifying chronic condition / live in an institution or senior community** to enroll in and/or remain enrolled in this plan. If the plan cannot verify my status, I understand that I may not be eligible for this plan.

I must (circle all that apply) **have Medicare A and B / receive state Medicaid benefits / have the UnitedHealthcare Florida Long Term Care Plan** to enroll in and/or remain enrolled in this plan. If the plan cannot verify my status, I understand that I may not be eligible for this plan.

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

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

Premium Information

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

TEAR HERE

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

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

Network Information

With my plan, I need to get my medical care and services from network providers. I may have to pay the full cost for any care I get from out-of-network providers. For my dental care, I can see providers in-network and out-of-network. **Yes** **No**

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

Provider Name	Provider Type (PCP/Specialist/Hospital)	Network (Yes/No)	Referral (Yes/No)
---------------	--	---------------------	----------------------

Prescription Drug Coverage

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

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

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

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

TEAR HERE



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

Ready to Enroll

How to Enroll

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



By phone

Call one of our Licensed Sales Representatives toll-free at **1-844-560-4944, TTY 711**, 8 a.m.-8 p.m. local time, 7 days a week to enroll over the phone or to schedule a face-to-face appointment with a licensed sales representative in your area.



Online

Go to **UHCCommunityPlan.com** and follow the step-by-step instructions to enroll.



By mail

Fill out the Enrollment Request Form and mail it to:
UnitedHealthcare
P.O. Box 30769
Salt Lake City, UT 84130-0769



By fax

Fill out the Enrollment Request Form and fax it to:
Fax: 1-888-950-1169

Enrollment Request Form Checkpoints

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

Scope of Appointment Confirmation Form

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

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

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

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

Beneficiary or Authorized Representative Signature and Signature Date:

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

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

Name (First_Last)	Relationship to Beneficiary
-------------------	-----------------------------

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

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

Beneficiary Address

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

Licensed Sales Representative Signature

TEAR HERE

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Ready to Enroll

Medicare Advantage Plans (Part C) and Cost Plans

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

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

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

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

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

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

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

Stand-alone Medicare Prescription Drug (Part D) Plan

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

Other Related Products

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

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

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



2023 Enrollment Request Form

UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP) H2509-001-000 - UE6

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

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Last Name	First Name	Middle Initial
-----------	------------	----------------

Birth Date	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
------------	---

Home Phone Number () -	Mobile Phone Number () -
-------------------------	---------------------------

Social Security Number
(Required for people who are enrolling in D-SNP plans):

■ ■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■ ■ ■

Medicare Number

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

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

City	State	ZIP Code
------	-------	----------

Email Address (Optional)

TEAR HERE

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)
---------------	--------------	-------	------------------

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Enrollee Name _____

Agent Name / ID No. _____

Ready to Enroll

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How do you want to pay?

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

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

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

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

Account Type Checking Savings

Account Holder Name: _____

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

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

A few questions to help us manage your plan

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

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

If you don't see the language or format you want, please call us toll-free at **1-844-560-4944**, TTY **711** 8 a.m.-8 p.m. local time, 7 days a week. Or visit **UHCCommunityPlan.com** for online help.

2. Are you enrolled in your state Medicaid program? Yes No

If yes, please give us your Medicaid number: _____

3. Do you or your spouse work? Yes No

Do you or your spouse have other health insurance that will cover medical services?

(Examples: Other employer group coverage, LTD coverage, Workers' Compensation, auto liability, or Veterans benefits)

Yes No

Enrollee Name _____
 Y0066_ERFMA_2023_C UHFL23HP0049709_000

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If yes, please complete the following:

Name of Health Insurance Company

Member Number

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

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

Provider or PCP Full Name

Provider/PCP Number:

12 empty boxes for entering the provider/PCP number.

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

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

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

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

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

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

Please read and sign

By completing this form, I agree to the following:

- I must keep both Part A and Part B to stay in UnitedHealthcare. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border. This plan covers emergency and urgent care outside of the U.S. See the Summary of Benefits for more information.
- I understand that when my UnitedHealthcare coverage begins, I must get all of my medical and prescription drug benefits from UnitedHealthcare. Benefits and services authorized by UnitedHealthcare and contained in my UnitedHealthcare "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, neither Medicare nor UnitedHealthcare will pay for benefits or services.**
- Release of Information:** By joining this Medicare Advantage Plan or Medicare Prescription Drug Plan, I acknowledge that the plan will release my information to Medicare and other plans

Enrollee Name _____
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Ready to Enroll

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as is necessary for treatment, payment, and health care operations. I also acknowledge that UnitedHealthcare will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes applicable to federal law that authorize the collection of this information (see Privacy Act Statement below).

- I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.
- I give consent for all entities under UnitedHealthcare and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided.
- The information on this form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form I will be disenrolled from the plan.
- My response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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

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

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

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	

Enrollee Name _____
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Ready to Enroll

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For licensed sales representative/agency use only

Employer Group Name

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

Agent must complete

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

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

Please mail or fax this completed form to:

UnitedHealthcare
P.O. Box 30769
Salt Lake City, UT 84130-0769
Fax: 1-888-950-1169

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

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

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

OMB No. 0938-1378

Expires: 7/31/2023

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Ready to Enroll

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Enrollment checklist

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

Understanding the Benefits

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

Understanding Important Rules

- ✓ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party. This premium is normally taken out of your Social Security check each month.
- ✓ Benefits may change on January 1 of each year.
- ✓ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care.
- ✓ This plan is a Dual Eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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2023 Enrollment Receipt

To be completed if enrolling with a Licensed Sales Representative.

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

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

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Applicant 1:	Applicant 2 (if applicable):
Name	Name
Application Date - -	Application Date - -
Proposed Effective Date - -	Proposed Effective Date - -
Plan Name	Plan Name
Plan Type	Plan Type
Health Plan/PBP No.	Health Plan/PBP No.
Enrollment Tracking No. (if applicable)	Enrollment Tracking No. (if applicable)

Call your Licensed Sales Representative if you have any questions:

Licensed Sales Representative Name and ID Number

Licensed Sales Representative Phone No.

□ □ □ - □ □ □ - □ □ □ □ □

RxBIN: 610097

Rx PCN: 9999

RxGRP: MPDCSP

TEAR HERE

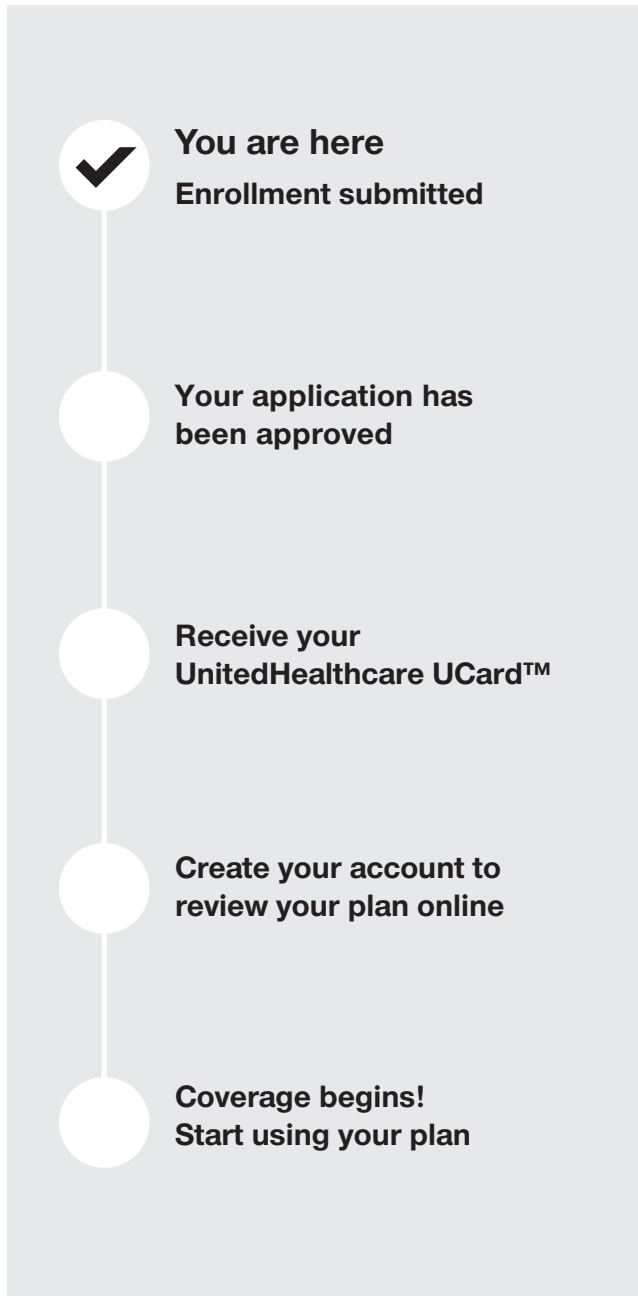
We're here to help. If you have additional questions you can call Customer Service toll-free at 1-844-560-4944, TTY 711, 8 a.m.-8 p.m. local time, 7 days a week.

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



Take Advantage of What's Next

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



Manage your plan online

Once you receive your UnitedHealthcare UCard, you can create an account at myuhc.com/CommunityPlan. Online you can:

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



Once your coverage begins

- Schedule your annual wellness visit
- Get a yearly in-home visit with UnitedHealthcare® HouseCalls. Visit uhhousecalls.com to learn more
- Get a 3-month supply of your prescriptions using a home delivery pharmacy service



Thank you for choosing UnitedHealthcare

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

Vendor Information

UnitedHealthcare Dual Complete® ONE (HMO-POS D-SNP)

Take advantage of your additional plan benefits by using the providers below or contacting UnitedHealthcare Customer Service: 1-866-842-4968, 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept.

Benefit Type	Vendor Name	Contact Information
Hearing Aids	UnitedHealthcare Hearing	1-877-704-3384 UHChearing.com/Medicare
Routine Vision Services	UnitedHealthcare Vision	1-866-842-4968 medicare.myuhcvision.com
Routine Dental Benefits	UnitedHealthcare Dental	1-866-842-4968 myuhc.com/CommunityPlan
Routine Acupuncture and Chiropractic Services	OptumHealth Care Solutions, LLC (Optum®)	1-866-785-1654
Prescription Drug Home Delivery	Optum Home Delivery, a service of OptumRx	1-877-889-6358 OptumRx.com
NurseLine	Nurseline	1-877-440-9407 myuhc.com/CommunityPlan
Transportation	ModivCare®	1-866-418-9812 mymodivcare.com
Food, over-the-counter (OTC) and utility bill credit	Solutran	1-833-853-8587 myuhc.com/communityplan/OTC
Personal Emergency Response System	Lifeline	1-855-596-7612 lifeline.com/UHCMedicare
Fitness Program	Renew Active®	1-866-842-4968 UHCRenewActive.com
Fitness Wearables	Fitbit®	1-844-534-8248 fitbit.com/global/us/store/UHC

TEAR HERE

TEAR HERE



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



Call toll-free **1-844-560-4944**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week



UHCommunityPlan.com

Important plan information