Enrollment Guide 2020

MAPD

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

AARP® Medicare Advantage (HMO-POS)

H1045-028-000

Service area: Florida - Charlotte, Hernando, Hillsborough, Indian River, Lee, Manatee, Martin, Pasco, Pinellas, Polk, Sarasota, St. Lucie counties

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

AARP® | Medicare Advantage from UnitedHealthcare

Benefits that exceed expectations. Take advantage of it.

More choice and more guidance.

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

A health care company you can rely on.

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

The only Medicare plans that carry the AARP name.

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

Compassionate care.

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

Member-only Health & Wellness Experience.

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

[1]July 2018 CMS and Internal Company Enrollment Data
[2]Renew by UnitedHealthcare is not available in all plans. Renew Rewards is not available in all plans that include Renew by UnitedHealthcare.

Y0066_INTRO_2020_C AAEX20HM4489497_000

Table of Contents

Start with Medicare Basics....4
Eligibility and Helpful Resources

Plan Information

Benefit Highlights....8
Your Drug Plan Coverage and Costs....11
Explore Your Additional Benefits....13
UnitedHealth Passport Program....15
Routine Dental Benefit Basics....19
Summary of Benefits....25
Vendor Information....40
Plan Ratings....42

Drug List

Drug List....46
Alternative Covered Drugs....83

Ready to Enroll

How to Enroll....86
Scope of Appointment Confirmation Form....87
Enrollment Request Form....89
Plan Recap....107
Enrollment Receipt....109
Take Advantage of What's Next....115

Questions? We can help.

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

Learn more online at
www.AARPMedicarePlans.com

Start With Medicare Basics

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

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

Original Medicare
Provided by the federal government

PART A — Helps pay for hospital stays and inpatient care

PART B — Helps pay for doctor visits and outpatient care

Your options for more coverage:

OPTION 1 OR **OPTION 2**

Add one or both of the following to Original Medicare:

Medicare Supplement Insurance Plan
Offered by private companies

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

Medicare Part D Plan
Offered by private companies

PART D — Helps pay for prescription drugs

Choose a Medicare Advantage plan:

Medicare Advantage Plan
Offered by private companies

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

PART D — Usually includes prescription drug coverage

May offer additional benefits not provided by Original Medicare

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

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

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

Here's how your HMO-POS plan works

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

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

You have coverage for emergency care.

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

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

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

Use network providers for coordinated care

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

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

There's a Medicare Part D Late Enrollment Penalty

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

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

Are you eligible for this plan?

You are eligible for a Medicare Advantage plan if:

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

AND

You do not have end-stage renal disease.

Are there special eligibility requirements for this plan?

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

Helpful Resources

Medicare Made Clear™

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

You may qualify for Extra Help

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

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

AARP | Medicare Advantage from UnitedHealthcare

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

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

Y0066_SWMB_2020_H1045028000_M AAFL20PO4530075_001

Plan Information

Benefit Highlights

AARP® Medicare Advantage (HMO-POS)

This is a short description of your 2020 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions and restrictions may apply.

Plan Costs

Monthly plan premium	$0

Medical Benefits

	In-Network	Out-of-Network
Annual out-of-pocket maximum (The most you may pay in a year for medical care covered by the plan)	$4,900 In-Network	Unlimited Out-of-Network
Doctor's office visit	Primary Care Provider: $0 copay	Primary Care Provider: No coverage
	Specialist: $35 copay (referral needed)	Specialist: No coverage
Preventive services	$0 copay	Flu shots: $0 copay All other services: No coverage
Inpatient hospital care	$250 copay per day: for days 1-8 $0 copay per day for unlimited days after that	No coverage
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $160 copay per day: days 21-51 $0 copay per day: days 52-100	No coverage
Outpatient hospital, including surgery	Type 1 facility: $0 - $195 copay; Type 2 facility: $0 - $250 copay Cost sharing for additional plan covered services will apply.	No coverage
Diabetes monitoring supplies	$0 copay for covered brands	No coverage
Home health care	$0 copay	No coverage
Diagnostic radiology services (such as MRIs, CT scans)	$0 - $100 copay	No coverage
Diagnostic tests and procedures (non-radiological)	$0 copay	No coverage
Lab services	$0 copay	No coverage
Outpatient x-rays	$14 copay	No coverage

Medical Benefits

	In-Network	Out-of-Network
Ambulance	$175 copay for ground $175 copay for air	$175 copay for ground $175 copay for air
Emergency care	$90 copay (worldwide)	
Urgently needed services	$30 - $40 copay ($90 copay for worldwide coverage)	

Benefits and Services Beyond Original Medicare

	In-Network	Out-of-Network
Routine physical	$0 copay; 1 per year	No coverage
Vision - routine eye exams	$0 copay; 1 every year	No coverage
Dental - preventive	$0 copay for exams, cleanings, x-rays, and fluoride*	$0 copay for exams, cleanings, x-rays, and fluoride*
Dental - comprehensive	$0 copay or 50% coinsurance for comprehensive dental services *	$0 copay or 50% coinsurance for comprehensive dental services*
Dental - benefit limit	$1,000 limit on all covered dental services	
Hearing - routine exam	$0 copay; 1 per year	No coverage
Hearing aids	$375 - $2,075 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every 2 years.	No coverage
Fitness program through Renew Active™	Standard membership to participating fitness locations with access to group fitness classes – depending on availability. Programs such as: online brain exercises, activities and an in-person fitness orientation at no cost to you. For the complete details about the program, please visit www.UHCRenewActive.com, and click the link in the footer entitled Terms and Conditions.	
Foot care - routine	$35 copay; 6 visits per year	No coverage
Health & Wellness Products Catalog	$80 credit per quarter to use on approved health products. Order online at Walmart.com, over the phone, or by mail.	
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Virtual Medical Visits	Speak to network telehealth providers using your computer or mobile device. Visit www.amwell.com to access virtual visits or if you are an existing Wellmed patient, contact your provider to access virtual visits.	No coverage

*Benefits combined in and out-of-network

Prescription Drugs

	Your Cost	
Annual prescription deductible	$0	
Initial coverage stage	**Standard Retail (30-day)**	**Preferred Mail Order (90-day)**
Tier 1: Preferred Generic Drugs	$3 copay	$0 copay
Tier 2: Generic Drugs	$10 copay	$0 copay
Tier 3: Preferred Brand Drugs	$45 copay	$125 copay
Tier 4: Non-Preferred Drugs	$95 copay	$275 copay
Tier 5: Specialty Tier Drugs	33% coinsurance	33% coinsurance
Coverage gap stage	After your total drug costs reach $4,020, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach $6,350, you will pay the greater of $3.60 copay for generic (Including brand drugs treated as generic), $8.95 copay for all other drugs, or 5% coinsurance	

AARP | Medicare Advantage from UnitedHealthcare

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

Y0066_MABH_20_M_FINAL_H1045028000 AAFL20PO4522778_000

Your Drug Plan Coverage and Costs

Make sure your drugs are covered

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

Know how much your drugs will cost

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

Understanding drug tiers

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

Drug List (Formulary) Tiers

Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Preferred Generic	Generic	Preferred Brand	Non-preferred Drug	Specialty Tier

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

Your Part D prescription drug costs

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

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

Once you're a member

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

Get your prescriptions delivered to your door

Try OptumRx® home delivery

You could pay a $0 copay for a 90 day supply of Tier 1 and Tier 2 medications by using home delivery from OptumRx, our preferred mail service pharmacy.

OptumRx will send the prescriptions you take regularly right to your door with no cost for standard shipping. Save time by registering online at **OptumRx.com** to order new prescriptions, request refills and more.

Consider generic drugs

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

Use lower-tier drugs

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

Get Extra Help

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

AARP® | Medicare Advantage from UnitedHealthcare

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

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

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

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

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

AAEX20PP4489501_000

Explore Your Additional Benefits

Get all the benefits of Original Medicare – and more.

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

Social and Government Referral Assistance

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

Dental coverage

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

Health & Wellness Products Catalog

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

Renew Active™

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

Vision coverage

This plan includes routine vision care. Help protect your eyesight and health with routine eye exams.

Hearing coverage

A routine hearing exam and hearing aid benefit is included in this plan. Don’t let hearing loss affect your life.

Speak to a nurse 24/7

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

Podiatry coverage

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

Virtual Medical Visits

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

AARP® | Medicare Advantage from UnitedHealthcare

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

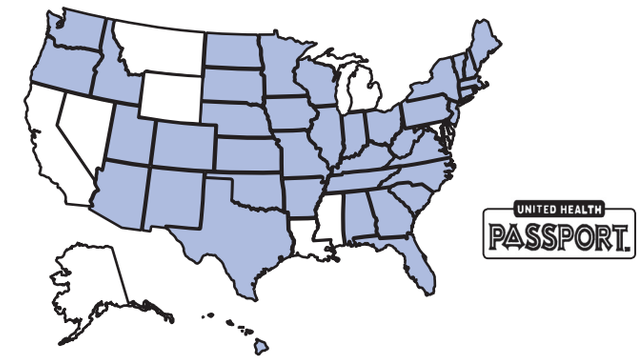
Participation in the Renew Active™ program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership. Equipment, classes, personalized fitness plans, and events may vary by location.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

Y0066_EYAB_2020_H1045028000_M AAFL20PO4531977_000

UnitedHealth Passport Program

Bring your coverage with you

Our UnitedHealth Passport® travel program is included in this plan. Medicare Advantage plans already cover emergency care worldwide. With UnitedHealth Passport, you can access all the benefits you have at home when you travel in the participating service area.



2020 UnitedHealth Passport service area

How to use the UnitedHealth Passport program

Before you travel

Call the Customer Service number on the back of your UnitedHealthcare member ID card. Give your destination's address and ZIP code, and get help finding network doctors nearby.

While you're away

Use your plan as usual. You don't need referrals with Passport, so you can visit network doctors in any of the counties listed below. You'll pay your usual copay or coinsurance for regular care.

When you return home

Call us so we can deactivate the program. UnitedHealth Passport can only be used for 9 months in a row.

2020 Participating counties:

Alabama:
Autauga, Baldwin, Barbour, Bibb, Blount, Bullock, Calhoun, Chilton, Clarke, Clay, Coffee, Colbert, Coosa, Cullman, Dale, Dallas, Elmore, Escambia, Geneva, Henry, Houston, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Macon, Madison, Marshall, Mobile, Monroe, Montgomery, Morgan, Perry, Russell, Shelby, St. Clair, Talladega, Tallapoosa, Walker, Winston

Arizona:
Coconino, Graham, Maricopa, Pima, Pinal, Santa Cruz, Yavapai, Yuma

Arkansas:
All counties in the state of Arkansas

Colorado:
Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, El Paso, Fremont, Jefferson, Larimer, Pueblo, Teller, Weld

Connecticut:
All counties in the state of Connecticut

Florida:
All counties in the state of Florida

Georgia:
All counties in the state of Georgia

Hawaii:
Honolulu, Kauai, Maui

Idaho:
Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Gem, Kootenai, Payette, Twin Falls

Illinois:
Bond, Boone, Bureau, Carroll, Clinton, Cook, DeKalb, DuPage, Henderson, Henry, Jersey, Jo Daviess, Kane, Kankakee, Kendall, Knox, Lake, Lee, Macoupin, Madison, Marshall, McHenry, McLean, Mercer, Monroe, Ogle, Peoria, Putnam, Rock Island, St. Clair, Stark, Stephenson, Tazewell, Warren, Whiteside, Will, Winnebago, Woodford

Indiana:
Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, Dearborn, Decatur, DeKalb, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Franklin, Fulton, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, Lagrange, Lake, La Porte, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, Montgomery, Morgan, Newton, Noble, Ohio, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Pulaski, Putnam, Randolph, Ripley, Rush, Scott, Shelby, Spencer, St. Joseph, Starke, Steuben, Sullivan, Switzerland, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wells, White, Whitley

Iowa:
Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Carroll, Cass, Cedar, Cerro Gordo, Chickasaw, Clarke, Clayton, Clinton, Dallas, Davis, Delaware, Des Moines, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Henry, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mills, Monroe, Muscatine, Plymouth, Polk, Pottawattamie, Poweshiek, Scott, Sioux, Story, Tama, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Woodbury

Kansas:
Atchison, Butler, Douglas, Franklin, Harvey, Jefferson, Johnson, Leavenworth, Miami, Osage, Sedgwick, Wyandotte

Kentucky:
Boone, Bullitt, Campbell, Fayette, Franklin, Hardin, Jefferson, Jessamine, Kenton, Larue, Madison, Marion, Nelson, Oldham, Shelby, Spencer, Woodford

Maine:
All counties in the state of Maine

Massachusetts:
All counties in the state of Massachusetts

Minnesota:
Aitkin, Anoka, Becker, Beltrami, Benton, Blue Earth, Brown, Carlton, Carver, Cass, Chisago, Clay, Clearwater, Crow Wing, Dakota, Douglas, Goodhue, Grant, Hennepin, Hubbard, Isanti, Itasca, Kanabec, Koochiching, Le Sueur, McLeod, Meeker, Mille Lacs, Morrison, Nicollet, Otter Tail, Pine, Polk, Ramsey, Rice, Scott, Sibley, St. Louis, Wabasha, Wadena, Washington, Winona, Wright

Missouri:
All counties in the state of Missouri

Nebraska:
Adams, Buffalo, Burt, Butler, Cass, Dakota, Dixon, Dodge, Douglas, Gage, Hall, Lancaster, Madison, Otoe, Saline, Sarpy, Saunders, Seward, Washington

New Hampshire:
All counties in the state of New Hampshire

New Jersey:
Bergen, Burlington, Essex, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Union, Warren

New Mexico:
Bernalillo, Dona Ana, Grant, Hidalgo, Luna, Mora, Rio Arriba, San Miguel, Sandoval, Santa Fe, Sierra, Torrance, Valencia

New York:
All counties in the state of New York

North Carolina:
Alamance, Alexander, Anson, Avery, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cherokee, Clay, Cleveland, Cumberland, Davidson, Davie, Durham, Forsyth, Franklin, Gaston, Graham, Granville, Guilford, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Johnston, Lee, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell,

(North Carolina continued) Montgomery, Moore, Nash, Orange, Person, Polk, Randolph, Richmond, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Union, Vance, Wake, Wayne, Wilkes, Wilson, Yadkin, Yancey

North Dakota:
Burleigh, Cass, Grand Forks, Morton

Ohio:
Ashland, Ashtabula, Brown, Butler, Carroll, Champaign, Clark, Clermont, Columbiana, Cuyahoga, Delaware, Fairfield, Franklin, Fulton, Geauga, Greene, Hamilton, Hancock, Lake, Licking, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Miami, Montgomery, Morrow, Muskingum, Ottawa, Pickaway, Portage, Preble, Richland, Seneca, Stark, Summit, Trumbull, Tuscarawas, Union, Warren, Wayne, Wood

Oklahoma:
Canadian, Cherokee, Cleveland, Craig, Creek, Grady, Kingfisher, Lincoln, Logan, Mayes, McClain, Muskogee, Oklahoma, Okmulgee, Osage, Pottawatomie, Rogers, Seminole, Tulsa, Wagoner

Oregon:
Clackamas, Lane, Marion, Multnomah, Washington, Yamhill

Pennsylvania:
Allegheny, Armstrong, Beaver, Berks, Bucks, Butler, Chester, Clarion, Crawford, Dauphin, Erie, Fayette, Forest, Greene, Jefferson, Lancaster, Lawrence, Lebanon, Lehigh, Mercer, Northampton, Philadelphia, Venango, Warren, Washington, Westmoreland, York

Rhode Island:
All counties in the state of Rhode Island

South Carolina:
All counties in the state of South Carolina

South Dakota:
Clay, Lawrence, Lincoln, Meade, Minnehaha, Pennington, Union

Tennessee:
Anderson, Blount, Bradley, Campbell, Carter, Cheatham, Claiborne, Cocke, Cumberland, Davidson, DeKalb, Fayette, Grainger, Greene, Hamblen, Hamilton, Hancock, Hardeman, Hawkins, Haywood, Hickman, Jackson, Jefferson, Johnson, Knox, Lawrence, Loudon, Madison, Maury, McMinn, McNairy, Meigs, Monroe, Morgan, Polk, Putnam, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Sullivan, Sumner, Unicoi, Union, Washington, Wayne, White, Williamson, Wilson

Texas:
All counties in the state of Texas

Utah:
Box Elder, Cache, Davis, Iron, Morgan, Salt Lake, Summit, Tooele, Utah, Wasatch, Washington, Weber

Vermont:
All counties in the state of Vermont

Virginia:
Alexandria City, Alleghany, Amelia, Amherst, Appomattox, Arlington, Augusta, Bland, Botetourt, Bristol City, Buchanan, Buena Vista City, Charles City, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Craig, Dickenson, Fairfax, Fairfax City, Falls Church City, Floyd, Franklin, Frederick, Goochland, Grayson, Hampton City, Hanover, Harrisonburg City, Henrico, Hopewell City, James City, Lee, Lexington City, Loudoun, Manassas City, Manassas Park City, Montgomery, New Kent, Newport News City, Norfolk City, Norton City, Petersburg City, Poquoson City, Portsmouth City, Powhatan, Prince William, Radford City, Richmond City, Roanoke, Roanoke City, Rockbridge, Rockingham, Russell, Salem City, Scott, Smyth, Staunton City, Suffolk City, Tazewell, Virginia Beach City, Warren, Washington, Waynesboro City, Williamsburg City, Winchester City, Wise, Wythe, York

Washington:
Spokane

West Virginia:
Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Morgan, Nicholas, Ohio, Pendleton, Preston, Putnam, Randolph, Ritchie, Roane, Summers, Taylor, Tucker, Upshur, Wayne, Webster, Wetzel, Wirt, Wood, Wyoming

Wisconsin:
Adams, Ashland, Brown, Buffalo, Calumet, Clark, Columbia, Crawford, Dane, Dodge, Door, Florence, Fond du Lac, Forest, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Portage, Price, Racine, Richland, Rock, Sauk, Sawyer, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood

Routine Dental Benefit Basics

Additional coverage that may make you smile.

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

With Routine Dental, you get:

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

Covered Routine Dental Services

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

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

Description of Dental Procedure	Frequency	Criteria and Exclusions	Copay or Coinsurance
Crowns, Inlays, and Onlays			
Cap (crown) or partial crown called an inlay or onlay — made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	One procedure per tooth every five plan years	Covered when there is extensive decay or destruction of the tooth where the tooth cannot be fixed with only a filling. Does not cover crowns for cosmetic reasons or for closing gaps. Veneers are not covered. Implant crowns are not covered. Does not cover "3/4" crowns.	50%*
Other Restorative Services			
Recementing a crown that has fallen off	Unlimited per plan year	Only covered for a tooth with an existing crown. Not covered for cementing a new crown the day of delivery.	50%*
Small filling needed prior to fitting a tooth with a crown	One procedure per tooth every five plan years	Has to be performed together with a crown.	50%*
Filling or pins placed when preparing a tooth for a crown	One procedure per tooth every five plan years		50%*
Buildup of filling around a post to prepare the tooth for a crown	One procedure per tooth every five plan years	Has to be performed together with a crown. Tooth also has to have had root canal treatment.	50%*
Scaling and Root Planing			
Deep cleaning for 4 or more teeth in a mouth quadrant	One procedure per quadrant every two plan years, not to exceed four unique quadrants every two plan years	Covered when bone loss is shown on the X-rays in addition to recorded tartar buildup and pocketing of the gums sufficient to warrant deep cleaning.	50%*
Deep cleaning for 1–3 teeth in a mouth quadrant	One procedure per quadrant every two plan years, not to exceed four unique quadrants every two plan years	Covered when bone loss is shown on the X-rays in addition to recorded tartar buildup and pocketing of the gums sufficient to warrant deep cleaning.	50%*

Description of Dental Procedure	Frequency	Criteria and Exclusions	Copay or Coinsurance
Cleaning buildup off the teeth to allow for proper visibility of the teeth for examination	One procedure every three plan years	Used when there is extensive buildup that needs to be removed in order to perform an exam. Cannot be performed same day as a standard adult dental cleaning or routine dental cleaning for an adult who has documented history of gum disease.	50%*
Medicine applied to gum space around a tooth (per tooth) for management of gum disease	Unlimited per plan year	Cannot be used same day as deep cleaning for 4 or more teeth in a mouth quadrant or deep cleaning for 1–3 teeth in a mouth quadrant.	50%*
Bridges			
Part of the bridge that is the fake tooth replacing the missing tooth (the pontic)	One procedure per tooth every five plan years	Can only be used to replace a missing tooth. Covers bridges made of porcelain/ceramic; porcelain fused to high noble, predominately base, or noble metal; full cast high noble, predominately base, or noble metal; and titanium. Does not cover any part of an implant supported bridge.	50%*
Crowns that are placed on teeth supporting the bridge (retainer crowns)	One procedure per tooth every five plan years	Only covers crowns that are part of a bridge. Does not support any part of an implant supported bridge.	50%*
Re-cementing a bridge that has fallen off	Unlimited per plan year	Does not cover cementing a bridge on the day of initial bridge delivery.	50%*
Extractions and Oral Surgery Procedures			
Extractions	One procedure per tooth per lifetime of the member	Covers extraction of erupted permanent teeth, exposed tooth roots, and remnants of primary teeth. Covers surgical extraction of erupted teeth or exposed tooth roots. Does not cover extraction of impacted (unerupted) teeth.	50%*
Surgical drainage of an abscess	Unlimited per plan year	Covers incision and drainage of an abscess through soft tissue in the mouth (intraoral). Does not cover incision and drainage through the skin outside the mouth (extraoral).	50%*

Description of Dental Procedure	Frequency	Criteria and Exclusions	Copay or Coinsurance
Emergency Treatment of Pain			
Minor procedure for emergency treatment of dental pain	Unlimited per plan year	Covered for an urgent or emergent visit only.	50%*
Nitrous Oxide			
Nitrous Oxide	Unlimited per plan year	Covered to manage dental anxiety when clinically necessary.	$0*

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

Exclusions may apply.

1. Services performed by an out-of-network dentist if your plan does not have out-of-network coverage.
2. Dental services that are not necessary.
3. Hospitalization or other facility charges.
4. Any dental procedure performed solely for cosmetic and/or aesthetic reasons.
5. Any dental procedure not directly associated with a dental disease.
6. Any procedure not performed in a dental setting.
7. Reconstructive surgery of any type, including reconstructive surgery related to a dental disease, injury, or congenital anomaly.
8. Procedures that are considered experimental, investigational or unproven. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics. The fact that an experimental, investigational or unproven service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in coverage if the procedure is considered to be experimental, investigational or unproven in the treatment of that particular condition.
9. Service for injuries or conditions covered by workmen's compensation or employer liability laws, and services that are provided without cost to the covered persons by any municipality, county, or other political subdivision. This exclusion does NOT apply to any services covered by Medicaid or Medicare.
10. Expenses for dental procedures begun prior to the covered person’s eligibility with the plan.
11. Dental services rendered (including otherwise covered dental services) after the date on which individual coverage under the policy terminates, including dental services for dental conditions arising prior to the date on which individual coverage under the policy terminates.
12. Services rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family, including a spouse, brother, sister, parent or child.

13. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
14. Any services not listed above are not covered.

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

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

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

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

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

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

Summary of Benefits 2020

Overview of your plan

AARP® Medicare Advantage (HMO-POS)

H1045-028-000

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

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

www.AARPMedicarePlans.com

AARP | Medicare Advantage from UnitedHealthcare

Y0066_SB_H1045_028_000_2020_M

Summary of Benefits

January 1st, 2020 - December 31st, 2020

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

About this plan.

AARP® Medicare Advantage (HMO-POS) is a Medicare Advantage HMOPOS plan with a Medicare contract.

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

Our service area includes these counties in:

Florida: Charlotte, Hernando, Hillsborough, Indian River, Lee, Manatee, Martin, Pasco, Pinellas, Polk, Sarasota, St. Lucie.

Use network providers and pharmacies.

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

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

AARP® Medicare Advantage (HMO-POS)

Premiums and Benefits	In-Network	Out-of-Network
Monthly Plan Premium	There is no monthly premium for this plan.	
Annual Medical Deductible	This plan does not have a deductible.	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	$4,900 annually for Medicare-covered services you receive from in-network providers.	Unlimited Out-of-Network
	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your share of the cost for your Part D prescription drugs.	

AARP® Medicare Advantage (HMO-POS)

Benefits		In-Network	Out-of-Network
Inpatient Hospital[1,2]		$250 copay per day: for days 1-8 $0 copay per day: for days 9 and beyond Our plan covers an unlimited number of days for an inpatient hospital stay.	Not covered
Outpatient Hospital Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)[1,2]	$0 copay for a diagnostic colonoscopy $195 copay otherwise (designated as Type 1 in the Provider Directory)	Not covered
	Outpatient Hospital, including surgery[1,2]	$0 copay for a diagnostic colonoscopy $250 copay otherwise (designated as Type 2 in the Provider Directory)	Not covered
	Outpatient Hospital Observation Services[1,2]	$250 copay	Not covered
Doctor Visits	Primary	$0 copay	Not covered
	Specialists[1,2]	$35 copay	Not covered
	Virtual Medical Visits	Speak to network telehealth providers using your computer or mobile device. Visit www.amwell.com to access virtual visits or if you are an existing Wellmed patient, contact your provider to access virtual visits.	No coverage
Preventive Care	Medicare-covered	$0 copay	Flu shots: $0 copay All other services: Not covered
		Abdominal aortic aneurysm screening	

Benefits		In-Network	Out-of-Network
		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 Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including flu shots, hepatitis B shots, pneumococcal shots “Welcome to Medicare” preventive visit (one-time)	
		Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.	
	Routine physical	$0 copay; 1 per year	Not covered
Emergency Care		$90 copay (worldwide) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital Care” section of this booklet for other costs.	
Urgently Needed Services		$30 - $40 copay	

Benefits		In-Network	Out-of-Network
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)[2]	$0 copay for each diagnostic mammogram $100 copay per service otherwise	Not covered
	Lab services[2]	$0 copay	Not covered
	Diagnostic tests and procedures[2]	$0 copay	Not covered
	Therapeutic Radiology[2]	$60 copay per service	Not covered
	Outpatient X-rays[2]	$14 copay per service	Not covered
Hearing Services	Exam to diagnose and treat hearing and balance issues[2]	$0 copay	Not covered
	Routine hearing exam	$0 copay; 1 per year	Not covered
	Hearing aid[2]	$375 - $2,075 copay for each hearing aid provided through UnitedHealthcare Hearing, up to 2 hearing aids every 2 years.	Not covered
Routine Dental Services	Preventive	$0 copay for exams, cleanings, x-rays, and fluoride*	$0 copay for exams, cleanings, x-rays, and fluoride*
	Comprehensive[2]	$0 copay or 50% coinsurance for comprehensive dental services*	$0 copay or 50% coinsurance for comprehensive dental services*
	Benefit limit	$1,000 limit on all covered dental services	

Benefits		In-Network	Out-of-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye[2]	$0 copay	Not covered
	Eyewear after cataract surgery	$0 copay	Not covered
	Routine eye exam	$0 copay; 1 every year	Not covered
Mental Health	Inpatient visit[2]	$250 copay per day: for days 1-6 $0 copay per day: for days 7-90 Our plan covers 90 days for an inpatient hospital stay.	Not covered
	Outpatient group therapy visit[2]	$30 copay	Not covered
	Outpatient individual therapy visit[2]	$40 copay	Not covered
Skilled Nursing Facility (SNF)[1,2]		$0 copay per day: for days 1-20 $160 copay per day: for days 21-51 $0 copay per day: for days 52-100 Our plan covers up to 100 days in a SNF.	Not covered
Physical therapy and speech and language therapy visit[1,2]		$35 copay	Not covered
Ambulance[2] Your provider must obtain prior authorization for non-emergency transportation.		$175 copay for ground $175 copay for air	$175 copay for ground $175 copay for air
Routine Transportation		Not covered	

Benefits		In-Network	Out-of-Network
Medicare Part B Drugs Part B Drugs may be subject to Step Therapy. See Evidence of Coverage for details.	Chemotherapy drugs[2]	20% coinsurance	Not covered
	Other Part B drugs[2]	20% coinsurance	Not covered

Prescription Drugs

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

Stage 1: Annual Prescription Deductible	Since you have no deductible for Part D drugs, this payment stage doesn't apply.			
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	**Retail**		**Mail Order**	
	Standard		**Preferred**	**Standard**
	30-day supply	**90-day supply**	**90-day supply**	**90-day supply**
Tier 1: Preferred Generic Drugs	$3 copay	$9 copay	$0 copay	$9 copay
Tier 2: Generic Drugs	$10 copay	$30 copay	$0 copay	$30 copay
Tier 3: Preferred Brand Drugs	$45 copay	$135 copay	$125 copay	$135 copay
Tier 4: Non-Preferred Drugs	$95 copay	$285 copay	$275 copay	$285 copay
Tier 5: Specialty Tier Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Stage 3: Coverage Gap Stage	After your total drug costs reach $4,020, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.			
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $6,350, you pay the greater of: □ 5% coinsurance, or □ $3.60 copay for generic (including brand drugs treated as generic) and a $8.95 copay for all other drugs.			

Additional Benefits		In-Network	Out-of-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation[2]	$20 copay	Not covered
Diabetes Management	Diabetes monitoring supplies [2]	$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio® Flex, Accu-Chek® Guide Me, Accu-Chek® Guide, and Accu-Chek® Aviva Plus. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, Accu-Chek® SmartView, and Accu-Chek® Compact Plus. Other brands are not covered by your plan.	Not covered
	Diabetes Self-management training	$0 copay	Not covered
	Therapeutic shoes or inserts[2]	20% coinsurance	Not covered
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)[2]	20% coinsurance	Not covered
	Prosthetics (e.g., braces, artificial limbs)[2]	20% coinsurance	Not covered

Additional Benefits		In-Network	Out-of-Network
Fitness program through Renew Active™		Standard membership to participating fitness locations with access to group fitness classes – depending on availability. Programs such as: online brain exercises, activities and an in-person fitness orientation at no cost to you. For the complete details about the program, please visit www.UHCRenewActive.com, and click the link in the footer entitled Terms and Conditions.	
Foot Care (podiatry services)	Foot exams and treatment[2]	$35 copay	Not covered
	Routine foot care	$35 copay; for each visit up to 6 visits every year	Not covered
Home Health Care[1,2]		$0 copay	Not covered
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Occupational Therapy Visit[1,2]		$35 copay	Not covered
Opioid Treatment Services		$0 copay	Not covered
Outpatient Substance Abuse	Outpatient group therapy visit[2]	$30 copay	Not covered
	Outpatient individual therapy visit[2]	$40 copay	Not covered
Health & Wellness Products Catalog		$80 credit per quarter to use on approved health products. Order online at Walmart.com, over the phone, or by mail.	
UnitedHealth Passport®		Allows you to access all the benefits you enjoy at home while you travel within the covered service area for up to nine consecutive months. You pay your in-network copay or coinsurance when you visit a participating provider for non-emergency care, including preventive care, specialist care and hospitalizations.	

Additional Benefits	In-Network	Out-of-Network
Renal Dialysis[1,2]	20% coinsurance	Not covered out-of-network (except in emergency situations).

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

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

*Benefits are combined in and out-of-network

Required Information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

AAFL20PO4527154_000

Enrollment Checklist

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

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Call us or go online to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

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

Vendor Information

AARP® Medicare Advantage (HMO-POS)

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

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

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

Benefit Type	Vendor Name	Contact Information
Hearing Exams	Plan network providers in your service area	1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.myAARPMedicare.com
Hearing Aids	UnitedHealthcare Hearing	1-855-523-9355, TTY 711 8 a.m. - 8 p.m. CT, Monday - Friday www.uhchearing.com
Vision Care	UnitedHealthcare Vision®	1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week To find a routine vision provider go to: www.medicare.myuhcvision.com.
Dental Services	UnitedHealthcare Dental	1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week To find a provider go to: www.UHCMedicareDentistSearch.com
NurseLine	NurseLine	1-877-365-7949, TTY 711 24 hours a day, 7 days a week
Health & Wellness Products Catalog	Solutran	1-833-845-8798, TTY 711 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept www.HealthyBenefitsPlus.com/HWP
Fitness Membership	Renew Active™	1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.UHCRenewActive.com

Benefit Type	Vendor Name	Contact Information
Virtual Medical Visits	American Well/Wellmed	1-800-643-4845, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.amwell.com or if you are an existing Wellmed patient, contact your provider to access virtual visits. Not all medical conditions can be treated through virtual visits. The virtual doctor will identify if you need to see an in-person doctor for treatment.

AARP | Medicare Advantage from UnitedHealthcare

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

Y0066_VIS_2020_C H1045028 AAFL20PO4541851_000

UnitedHealthcare - H1045

2020 Medicare Star Ratings*

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

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

Some of the areas Medicare reviews for these ratings include:

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

For 2020, UnitedHealthcare received the following Overall Star Rating from Medicare.

★★★★
4 stars

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

Health Plan Services:	★★★★ 4 stars
Drug Plan Services:	★★★★½ 4.5 stars

The number of stars shows how well our plan performs.

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

Learn more about our plan and how we are different from other plans at www.medicare.gov.
You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at 800-555-5757 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Local time.

Current members please call 800-643-4845 (toll-free) or 711 (TTY).
*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

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

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.
Online: UHC_Civil_Rights@uhc.com
Mail: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.
If you need help with your complaint, please call the member toll-free phone number listed in the front of this booklet.

You can also file a complaint with the U.S. Dept. of Health and Human Services.
Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)
Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

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

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

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

XIN 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 है, 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: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (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 shǫǫdí díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béésh bee hane'í biká'ígíí bee hodíilnih.

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

Drug List

Drug List

This is a complete alphabetical list of prescription drugs covered by the plan as of September 1, 2019. This list can change throughout the year. Call us at UnitedHealthcare or go online for the most up-to-date information. Our phone number and website are listed on the back cover of this book.

- **Brand name** drugs are in **bold** type. Generic drugs are in plain type
- Your plan may have an annual prescription deductible
- Covered drugs are placed in tiers. Each tier has a different cost
  - Tier 1: Preferred generic
  - Tier 2: Generic
  - Tier 3: Preferred brand
  - Tier 4: Non-preferred drug
  - Tier 5: Specialty tier
- See the Summary of Benefits in this book to find out what you'll pay for these drugs
- Some drugs have coverage requirements, such as Prior Authorization or Step Therapy. For more information, please contact UnitedHealthcare or view the complete drug list on our website

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

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

Bold type = Brand name drug

Plain type = Generic drug

Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted),T2

Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable),T2

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

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

Amphetamine-Dextroamphetamine (Oral Tablet),T3

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

Amphotericin B (Intravenous Solution Reconstituted),T4

Ampicillin (Oral Capsule),T2

Ampicillin Sodium (10GM Intravenous Solution Reconstituted),T4

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

Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted),T4

Ampyra (Oral Tablet Extended Release 12 Hour),T5

Anadrol-50 (Oral Tablet),T5

Anagrelide HCl (Oral Capsule),T3

Anastrozole (Oral Tablet),T1

Androderm (Transdermal Patch 24 Hour),T3

Anoro Ellipta (Inhalation Aerosol Powder Breath Activated),T3

Apokyn (Subcutaneous Solution Cartridge),T5

Apraclonidine HCl (Ophthalmic Solution),T3

Aprepitant (Oral Therapy Pack, Oral Capsule),T4

Apri (Oral Tablet),T4

Apriso (Oral Capsule Extended Release 24 Hour),T3

Aptiom (Oral Tablet),T5

Aptivus (Oral Capsule),T5

Aptivus (Oral Solution),T5

Aralast NP (1000MG Intravenous Solution Reconstituted),T5

Aranelle (Oral Tablet),T4

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

Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution, 60MCG/ML Injection Solution),T5

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

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

Arcalyst (Subcutaneous Solution Reconstituted),T5

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

Aripiprazole (1MG/ML Oral Solution),T4

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

Aristada (Intramuscular Prefilled Syringe),T5

Aristada Initio (Intramuscular Prefilled Syringe),T5

Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated),T3

Ashlyna (Oral Tablet),T4

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

Atazanavir Sulfate (Oral Capsule),T5

Atenolol (Oral Tablet),T1

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Atenolol-Chlorthalidone (Oral Tablet),T1
Atomoxetine HCl (Oral Capsule),T4
Atorvastatin Calcium (Oral Tablet),T1
Atovaquone (Oral Suspension),T5
Atovaquone-Proguanil HCl (Oral Tablet),T3
Atripla (Oral Tablet),T5
Atropine Sulfate (Ophthalmic Solution),T3
Atrovent HFA (Inhalation Aerosol Solution),T4
Aubagio (Oral Tablet),T5
Aubra (Oral Tablet),T4
Auryxia (Oral Tablet),T5
Austedo (Oral Tablet),T5
Aviane (Oral Tablet),T4
Avonex (30MCG Intramuscular Kit),T5
Avonex Pen (Intramuscular Auto-Injector Kit),T5
Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T5
Azasite (Ophthalmic Solution),T4
Azathioprine (Oral Tablet),T2
Azelaic Acid (External Gel),T4
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T3
Azelastine HCl (Ophthalmic Solution),T3
Azithromycin (Intravenous Solution Reconstituted),T4
Azithromycin (Oral Suspension Reconstituted),T1
Azithromycin (Oral Tablet),T1
Azopt (Ophthalmic Suspension),T3
Aztreonam (1GM Injection Solution Reconstituted),T4

B

BCG Vaccine (Injection),T3
BIVIGAM (10GM/100ML Intravenous Solution),T5
BRIVIACT (Oral Solution),T5
BRIVIACT (Oral Tablet),T5
Bacitracin (Ophthalmic Ointment),T2
Bacitracin-Polymyxin B (Ophthalmic Ointment),T2
Baclofen (Oral Tablet),T2
Bactocill in Dextrose (Intravenous Solution),T4
Bactroban (2% Nasal Ointment),T4
Balsalazide Disodium (Oral Capsule),T4
Balversa (Oral Tablet),T5
Balziva (Oral Tablet),T4
Banzel (Oral Suspension),T5
Banzel (Oral Tablet),T5
Baraclude (Oral Solution),T4
Belsomra (Oral Tablet),T3
Benazepril HCl (Oral Tablet),T1
Benazepril-Hydrochlorothiazide (Oral Tablet),T1
Benlysta (Subcutaneous Solution Auto-Injector),T5
Benlysta (Subcutaneous Solution Prefilled Syringe),T5
Benznidazole (Oral Tablet),T4
Benzoyl Peroxide-Erythromycin (External Gel),T4
Benztropine Mesylate (Oral Tablet),T2
Bepreve (Ophthalmic Solution),T4
Berinert (Intravenous Kit),T5
Besivance (Ophthalmic Suspension),T4
Betamethasone Dipropionate (External Cream),T3
Betamethasone Dipropionate (External Lotion),T3
Betamethasone Dipropionate (External Ointment),T3
Betamethasone Dipropionate Aug (External Cream),T3
Betamethasone Dipropionate Aug (External Gel),T3
Betamethasone Dipropionate Aug (External Lotion),T3
Betamethasone Dipropionate Aug (External Ointment),T3
Betamethasone Valerate (External Cream),T3

Bold type = Brand name drug Plain type = Generic drug

Betamethasone Valerate (External Lotion),T3

Betamethasone Valerate (External Ointment),T3

Betaseron (Subcutaneous Kit),T5

Betaxolol HCl (Ophthalmic Solution),T3

Betaxolol HCl (Oral Tablet),T3

Bethanechol Chloride (Oral Tablet),T2

Bethkis (Inhalation Nebulization Solution),T5

Betimol (Ophthalmic Solution),T4

Bevespi Aerosphere (Inhalation Aerosol),T3

Bexarotene (Oral Capsule),T5

Bexsero (Intramuscular Suspension Prefilled Syringe),T3

BiDil (Oral Tablet),T3

Bicalutamide (Oral Tablet),T2

Bicillin C-R (Intramuscular Suspension),T4

Bicillin C-R 900/300 (Intramuscular Suspension),T4

Bicillin L-A (Intramuscular Suspension),T4

Biktarvy (Oral Tablet),T5

Binosto (Oral Tablet Effervescent),T4

Bisoprolol Fumarate (Oral Tablet),T2

Bisoprolol-Hydrochlorothiazide (Oral Tablet),T2

Blephamide (Ophthalmic Suspension),T4

Blephamide S.O.P. (Ophthalmic Ointment),T4

Blisovi 24 Fe (Oral Tablet),T4

Blisovi Fe 1.5/30 (Oral Tablet),T4

Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension),T3

Bosentan (Oral Tablet),T5

Bosulif (Oral Tablet),T5

Braftovi (Oral Capsule),T5

Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T3

Briellyn (Oral Tablet),T4

Brilinta (Oral Tablet),T3

Brimonidine Tartrate (0.15% Ophthalmic Solution),T4

Brimonidine Tartrate (0.2% Ophthalmic Solution),T2

Bromocriptine Mesylate (Oral Capsule),T3

Bromocriptine Mesylate (Oral Tablet),T3

Budesonide (Inhalation Suspension),T4

Budesonide (Oral Capsule Delayed Release Particles),T4

Budesonide ER (Oral Tablet Extended Release 24 Hour),T5

Bumetanide (Injection Solution),T4

Bumetanide (Oral Tablet),T1

Buprenorphine (Transdermal Patch Weekly),T4

Buprenorphine HCl (Tablet Sublingual),T2

Buprenorphine HCl-Naloxone HCl (Sublingual Film),T4

Buprenorphine HCl-Naloxone HCl (Tablet Sublingual),T2

Bupropion HCl (Oral Tablet Immediate Release),T2

Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T2

Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T2

Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T2

Buspirone HCl (Oral Tablet),T2

Butalbital-Acetaminophen-Caffeine (Oral Tablet),T3

Butalbital-Aspirin-Caffeine (Oral Capsule),T3

Butorphanol Tartrate (Nasal Solution),T3

Bydureon (Subcutaneous Pen-Injector),T3

Bydureon BCise (Subcutaneous Auto-Injector),T3

Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector),T4

Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector),T4

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Bystolic (Oral Tablet),T3

C

Cabergoline (Oral Tablet),T3

Cablivi (Injection Kit),T5

Cabometyx (Oral Tablet),T5

Calcipotriene (External Cream),T4

Calcipotriene (External Ointment),T4

Calcipotriene (External Solution),T3

Calcitonin Salmon (Nasal Solution),T3

Calcitriol (External Ointment),T4

Calcitriol (Oral Capsule),T2

Calcitriol (Oral Solution),T2

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

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

Calquence (Oral Capsule),T5

Camila (Oral Tablet),T3

Camrese Lo (Oral Tablet),T4

Canasa (Rectal Suppository),T5

Candesartan Cilexetil (Oral Tablet),T1

Candesartan Cilexetil-HCTZ (Oral Tablet),T1

Caprelsa (Oral Tablet),T5

Captopril (Oral Tablet),T1

Captopril-Hydrochlorothiazide (Oral Tablet),T1

Carac (External Cream),T5

Carafate (Oral Suspension),T4

Carbaglu (Oral Tablet),T5

Carbamazepine (Oral Suspension),T3

Carbamazepine (Oral Tablet Chewable),T3

Carbamazepine (Oral Tablet Immediate Release),T3

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

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

Carbidopa (Oral Tablet),T4

Carbidopa-Levodopa (Oral Tablet Immediate Release),T1

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

Carbidopa-Levodopa ODT (Oral Tablet Dispersible),T2

Carbidopa-Levodopa-Entacapone (Oral Tablet),T4

Carteolol HCl (Ophthalmic Solution),T2

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

Carvedilol (Oral Tablet),T1

Cayston (Inhalation Solution Reconstituted),T5

Caziant (Oral Tablet),T4

Cefaclor (Oral Capsule),T2

Cefadroxil (Oral Capsule),T2

Cefadroxil (Oral Suspension Reconstituted),T2

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

Cefdinir (Oral Capsule),T3

Cefdinir (Oral Suspension Reconstituted),T3

Cefepime HCl (Injection Solution Reconstituted),T4

Cefixime (Oral Suspension Reconstituted),T4

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

Cefoxitin Sodium (Injection Solution Reconstituted),T4

Cefoxitin Sodium (Intravenous Solution Reconstituted),T4

Cefpodoxime Proxetil (Oral Suspension Reconstituted),T4

Cefpodoxime Proxetil (Oral Tablet),T4

Cefprozil (Oral Suspension Reconstituted),T3

Cefprozil (Oral Tablet),T3

Ceftazidime (Injection Solution Reconstituted),T4

Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted),T4

Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted),T4

Cefuroxime Axetil (Oral Tablet),T2

Cefuroxime Sodium (Injection Solution Reconstituted),T4

Cefuroxime Sodium (Intravenous Solution Reconstituted),T4

Celecoxib (Oral Capsule),T3

Celontin (Oral Capsule),T4

Cephalexin (Oral Capsule),T2

Cephalexin (Oral Suspension Reconstituted),T2

Cesamet (Oral Capsule),T5

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

Chantix (Oral Tablet),T3

Chantix Continuing Month Pak (Oral Tablet),T3

Chantix Starting Month Pak (Oral Tablet),T3

Chemet (Oral Capsule),T5

Chenodal (Oral Tablet),T5

Chlordiazepoxide HCl (Oral Capsule),T2

Chlorhexidine Gluconate (Mouth Solution),T2

Chloroquine Phosphate (Oral Tablet),T2

Chlorothiazide (Oral Tablet),T2

Chlorpromazine HCl (Oral Tablet),T4

Chlorthalidone (Oral Tablet),T2

Chlorzoxazone (500MG Oral Tablet),T3

Cholbam (Oral Capsule),T5

Cholestyramine (Oral Packet),T4

Cholestyramine Light (Oral Powder),T4

Ciclopirox (External Gel),T3

Ciclopirox (External Shampoo),T3

Ciclopirox (External Solution),T3

Ciclopirox Olamine (External Cream),T3

Ciclopirox Olamine (External Suspension),T3

Cilostazol (Oral Tablet),T2

Ciloxan (Ophthalmic Ointment),T4

Cimduo (Oral Tablet),T5

Cimetidine (Oral Tablet),T2

Cimetidine HCl (Oral Solution),T2

Cimzia (Subcutaneous Kit),T5

Cimzia Prefilled (Subcutaneous Kit),T5

Cinacalcet HCl (30MG Oral Tablet),T4

Cinacalcet HCl (60MG Oral Tablet, 90MG Oral Tablet),T5

Cinryze (Intravenous Solution Reconstituted),T5

Cipro HC (Otic Suspension),T4

Ciprodex (Otic Suspension),T3

Ciprofloxacin (Oral Suspension Reconstituted),T4

Ciprofloxacin HCl (100MG Oral Tablet Immediate Release),T3

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

Ciprofloxacin HCl (Ophthalmic Solution),T2

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

Citalopram Hydrobromide (Oral Solution),T3

Citalopram Hydrobromide (Oral Tablet),T1

Claravis (10MG Oral Capsule, 20MG Oral Capsule, 40MG Oral Capsule),T4

Clarithromycin (Oral Suspension Reconstituted),T4

Clarithromycin (Oral Tablet Immediate Release),T3

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

Clenpiq (Oral Solution),T3

Climara Pro (Transdermal Patch Weekly),T4

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Clindamycin HCl (Oral Capsule),T2

Clindamycin Palmitate HCl (Oral Solution Reconstituted),T2

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

Clindamycin Phosphate (External Gel),T3

Clindamycin Phosphate (External Lotion),T3

Clindamycin Phosphate (External Solution),T3

Clindamycin Phosphate (External Swab),T3

Clindamycin Phosphate (Vaginal Cream),T3

Clindamycin Phosphate in D5W (Intravenous Solution),T4

Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel),T4

Clobazam (10MG Oral Tablet),T4

Clobazam (2.5MG/ML Oral Suspension),T5

Clobazam (20MG Oral Tablet),T5

Clobetasol Propionate (External Cream),T4

Clobetasol Propionate (External Gel),T4

Clobetasol Propionate (External Ointment),T4

Clobetasol Propionate (External Shampoo),T4

Clobetasol Propionate (External Solution),T3

Clobetasol Propionate Emollient Base (External Cream),T4

Clomipramine HCl (Oral Capsule),T4

Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet),T2

Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible),T4

Clonidine (Transdermal Patch Weekly),T4

Clonidine HCl (Oral Tablet Immediate Release),T1

Clonidine HCl ER (Oral Tablet Extended Release 12 Hour),T4

Clopidogrel Bisulfate (75MG Oral Tablet),T2

Clorazepate Dipotassium (Oral Tablet),T3

Clotrimazole (External Cream),T2

Clotrimazole (External Solution),T2

Clotrimazole (Mouth/Throat Lozenge),T2

Clotrimazole-Betamethasone (External Cream),T3

Clotrimazole-Betamethasone (External Lotion),T4

Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T3

Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible),T4

Coartem (Oral Tablet),T4

Codeine Sulfate (Oral Tablet),T3

Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T3

Colchicine (0.6MG Oral Tablet) (Brand Equivalent Colcrys),T3

Colcrys (Oral Tablet),T3

Colesevelam HCl (Oral Packet),T3

Colesevelam HCl (Oral Tablet),T3

Colestipol HCl (Oral Packet),T4

Colestipol HCl (Oral Tablet),T3

Colistimethate Sodium (CBA) (Injection Solution Reconstituted),T5

Colocort (Rectal Enema),T4

Combigan (Ophthalmic Solution),T3

Combivent Respimat (Inhalation Aerosol Solution),T3

Cometriq (100MG Daily Dose) (Oral Kit),T5

Cometriq (140MG Daily Dose) (Oral Kit),T5

Cometriq (60MG Daily Dose) (Oral Kit),T5

Complera (Oral Tablet),T5

Compro (Rectal Suppository),T4

Constulose (Oral Solution),T2

Copiktra (Oral Capsule),T5

Cordran (External Tape),T4

Bold type = Brand name drug Plain type = Generic drug

Corlanor (Oral Tablet),T4

Cortisone Acetate (Oral Tablet),T4

Cortisporin (External Cream),T4

Cortisporin (External Ointment),T4

Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe),T5

Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector),T5

Cosopt PF (Ophthalmic Solution),T4

Cotellic (Oral Tablet),T5

Coumadin (Oral Tablet),T4

Creon (Oral Capsule Delayed Release Particles),T3

Crinone (Vaginal Gel),T4

Crixivan (Oral Capsule),T3

Cromolyn Sodium (Inhalation Nebulization Solution),T3

Cromolyn Sodium (Ophthalmic Solution),T2

Cromolyn Sodium (Oral Concentrate),T3

Cryselle-28 (Oral Tablet),T4

Cuvposa (Oral Solution),T4

Cyclafem 1/35 (Oral Tablet),T4

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

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

Cyclobenzaprine HCl (7.5MG Oral Tablet),T4

Cyclophosphamide (Oral Capsule),T4

Cycloset (Oral Tablet),T4

Cyclosporine (Oral Capsule),T3

Cyclosporine Modified (Oral Capsule),T3

Cyclosporine Modified (Oral Solution),T3

Cyproheptadine HCl (Oral Syrup),T4

Cyproheptadine HCl (Oral Tablet),T4

Cyred (Oral Tablet),T4

Cystadane (Oral Powder),T5

Cystagon (Oral Capsule),T4

Cystaran (Ophthalmic Solution),T5

D

DARAPRIM (Oral Tablet),T5

Daklinza (30MG Oral Tablet, 60MG Oral Tablet),T5

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

Daliresp (Oral Tablet),T4

Dalvance (Intravenous Solution Reconstituted),T5

Danazol (Oral Capsule),T4

Dantrolene Sodium (Oral Capsule),T4

Dapsone (Oral Tablet),T3

Daptacel (Intramuscular Suspension),T3

Daptomycin (350MG Intravenous Solution Reconstituted),T5

Daptomycin (500MG Intravenous Solution Reconstituted),T5

Daurismo (Oral Tablet),T5

Deblitane (Oral Tablet),T3

Deferasirox (Oral Tablet Soluble),T5

Delstrigo (Oral Tablet),T5

Delyla (Oral Tablet),T4

Demeclocycline HCl (Oral Tablet),T4

Demser (Oral Capsule),T5

Denavir (External Cream),T5

Depen Titratabs (Oral Tablet),T5

Depo-Estradiol (Intramuscular Oil),T4

Depo-Provera (400MG/ML Intramuscular Suspension),T4

Descovy (Oral Tablet),T5

Desipramine HCl (Oral Tablet),T3

Desmopressin Acetate (Oral Tablet),T3

Desmopressin Acetate Spray (Nasal Solution),T4

Desogestrel-Ethinyl Estradiol (Oral Tablet),T4

Desonide (External Ointment),T4

Desoximetasone (External Cream),T4

Desvenlafaxine Succinate ER (Oral Tablet

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Extended Release 24 Hour) (Generic Pristiq),T3
Dexamethasone (Oral Elixir),T2
Dexamethasone (Oral Tablet),T2
Dexamethasone Intensol (Oral Concentrate),T2
Dexamethasone Sodium Phosphate (Ophthalmic Solution),T2
Dexilant (Oral Capsule Delayed Release),T4
Dexmethylphenidate HCl (Oral Tablet),T3
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour),T4
Dextroamphetamine Sulfate (Oral Tablet),T4
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour),T4
Dextrose (10% Intravenous Solution),T4
Dextrose (5% Intravenous Solution),T4
Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 2.5-0.45% Intravenous Solution, 5-0.2% Intravenous Solution, 5-0.225% Intravenous Solution, 5-0.33% Intravenous Solution, 5-0.45% Intravenous Solution),T4
Dextrose-NaCl (5-0.9% Intravenous Solution),T4
Diastat AcuDial (Rectal Gel),T4
Diastat Pediatric (Rectal Gel),T4
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T2
Diazepam (5MG/5ML Oral Solution),T2
Diazepam Intensol (5MG/ML Oral Concentrate),T2
Diclofenac Epolamine (Transdermal Patch),T4
Diclofenac Potassium (Oral Tablet),T2
Diclofenac Sodium (1% Transdermal Gel),T3
Diclofenac Sodium (3% Transdermal Gel),T4
Diclofenac Sodium (Ophthalmic Solution),T2
Diclofenac Sodium (Oral Tablet Delayed Release),T2
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T2
Dicloxacillin Sodium (Oral Capsule),T2
Dicyclomine HCl (Oral Capsule),T2
Dicyclomine HCl (Oral Solution),T2
Dicyclomine HCl (Oral Tablet),T2
Didanosine (Oral Capsule Delayed Release),T3
Dificid (Oral Tablet),T5
Diflunisal (Oral Tablet),T3
Digitek (Oral Tablet),T2
Digox (Oral Tablet),T2
Digoxin (Oral Solution),T3
Digoxin (Oral Tablet),T2
Dihydroergotamine Mesylate (Nasal Solution),T5
Dilantin (Oral Capsule),T3
Dilantin INFATABS (Oral Tablet Chewable),T3
Dilt-XR (Oral Capsule Extended Release 24 Hour),T2
Diltiazem HCl (Oral Tablet Immediate Release),T2
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T2
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour),T2
Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour),T2
Dipentum (Oral Capsule),T5
Diphenoxylate-Atropine (Oral Liquid),T4
Diphenoxylate-Atropine (Oral Tablet),T4
Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension),T3
Disulfiram (Oral Tablet),T3
Diuril (Oral Suspension),T4
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T2
Divalproex Sodium (Oral Tablet Delayed

Release),T2

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

Dofetilide (Oral Capsule),T4

Donepezil HCl (Oral Tablet),T1

Donepezil HCl ODT (Oral Tablet Dispersible),T2

Dorzolamide HCl (Ophthalmic Solution),T2

Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T2

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

Dovato (Oral Tablet),T5

Doxazosin Mesylate (Oral Tablet),T2

Doxepin HCl (External Cream),T5

Doxepin HCl (Oral Capsule),T3

Doxepin HCl (Oral Concentrate),T3

Doxercalciferol (Oral Capsule),T4

Doxy 100 (Intravenous Solution Reconstituted),T4

Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release),T3

Doxycycline Hyclate (Oral Capsule),T3

Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule),T3

Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet),T3

Doxycycline Monohydrate (Oral Suspension Reconstituted),T4

Dronabinol (Oral Capsule),T4

Drospirenone-Ethinyl Estradiol (Oral Tablet),T4

Droxia (Oral Capsule),T4

Duavee (Oral Tablet),T4

Dulera (Inhalation Aerosol),T4

Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T2

Duramorph (Injection Solution),T4

Durezol (Ophthalmic Emulsion),T3

Dutasteride (Oral Capsule),T3

Dymista (Nasal Suspension),T4

Dyrenium (Oral Capsule),T4

E

E.E.S. Granules (Oral Suspension Reconstituted),T4

Econazole Nitrate (External Cream),T4

Edarbi (Oral Tablet),T4

Edarbyclor (Oral Tablet),T4

Edurant (Oral Tablet),T5

Efavirenz (Oral Capsule),T4

Efavirenz (Oral Tablet),T5

Egrifta (Subcutaneous Solution Reconstituted),T5

Elestrin (Transdermal Gel),T4

Eliquis (Oral Tablet),T3

Eliquis Starter Pack (Oral Tablet),T3

Elmiron (Oral Capsule),T5

Embeda (Oral Capsule Extended Release),T3

Emcyt (Oral Capsule),T5

Emoquette (Oral Tablet),T4

Emsam (Transdermal Patch 24 Hour),T5

Emtriva (Oral Capsule),T4

Emtriva (Oral Solution),T4

Enalapril Maleate (Oral Tablet),T1

Enalapril-Hydrochlorothiazide (Oral Tablet),T1

Enbrel (Subcutaneous Solution Prefilled Syringe),T5

Enbrel (Subcutaneous Solution Reconstituted),T5

Enbrel SureClick (Subcutaneous Solution Auto-Injector),T5

Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3

Engerix-B (Injection Suspension),T3

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Enoxaparin Sodium (Subcutaneous Solution),T4

Enpresse-28 (Oral Tablet),T4

Enskyce (Oral Tablet),T4

Entacapone (Oral Tablet),T4

Entecavir (Oral Tablet),T4

Entresto (Oral Tablet),T3

Enulose (Oral Solution),T2

Envarsus XR (Oral Tablet Extended Release 24 Hour),T4

Epclusa (Oral Tablet),T5

EpiPen 2-Pak (Injection Solution Auto-Injector),T3

EpiPen Jr 2-Pak (Injection Solution Auto-Injector),T3

Epidiolex (Oral Solution),T5

Epinastine HCl (Ophthalmic Solution),T3

Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector) (Brand Equivalent Epipen-JR), Epinephrine (0.3MG/0.3ML Injection Solution Auto-Injector) (Brand Equivalent Epipen),T3

Epitol (Oral Tablet),T3

Epivir HBV (Oral Solution),T4

Eplerenone (Oral Tablet),T3

Eprosartan Mesylate (Oral Tablet),T1

Eraxis (100MG Intravenous Solution Reconstituted),T5

Eraxis (50MG Intravenous Solution Reconstituted),T4

Ergotamine-Caffeine (Oral Tablet),T3

Erivedge (Oral Capsule),T5

Erleada (Oral Tablet),T5

Erlotinib HCl (Oral Tablet),T5

Errin (Oral Tablet),T3

Ertapenem Sodium (Injection Solution Reconstituted),T4

Ery (External Pad),T3

Ery-Tab (Oral Tablet Delayed Release),T4

Erythrocin Lactobionate (Intravenous Solution Reconstituted),T4

Erythromycin (External Gel),T4

Erythromycin (External Solution),T2

Erythromycin (Ophthalmic Ointment),T2

Erythromycin Base (Oral Capsule Delayed Release Particles),T4

Erythromycin Base (Oral Tablet Immediate Release),T4

Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted),T4

Erythromycin Ethylsuccinate (Oral Tablet),T4

Esbriet (Oral Capsule),T5

Esbriet (Oral Tablet),T5

Escitalopram Oxalate (Oral Solution),T2

Escitalopram Oxalate (Oral Tablet),T1

Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium),T3

Estarylla (Oral Tablet),T4

Estradiol (Oral Tablet),T3

Estradiol (Transdermal Patch Weekly),T3

Estradiol (Vaginal Cream),T4

Estradiol (Vaginal Tablet),T4

Estradiol Valerate (Intramuscular Oil),T4

Estring (Vaginal Ring),T4

Ethacrynic Acid (Oral Tablet),T4

Ethambutol HCl (Oral Tablet),T3

Ethosuximide (Oral Capsule),T3

Ethosuximide (Oral Solution),T3

Ethynodiol Diacetate-Ethinyl Estradiol (Oral Tablet),T4

Etodolac (Oral Capsule),T3

Etodolac (Oral Tablet Immediate Release),T3

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

Eurax (External Cream),T4

Eurax (External Lotion),T4

Evotaz (Oral Tablet),T5

Bold type = Brand name drug Plain type = Generic drug

Exelderm (External Cream),T4

Exelderm (External Solution),T4

Exemestane (Oral Tablet),T4

Ezetimibe (Oral Tablet),T2

Ezetimibe-Simvastatin (Oral Tablet),T3

F

FML (Ophthalmic Ointment),T4

FML Forte (Ophthalmic Suspension),T4

Falmina (Oral Tablet),T4

Famciclovir (Oral Tablet),T3

Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T2

Famotidine (Oral Suspension Reconstituted),T4

Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet),T5

Fanapt (1MG Oral Tablet, 2MG Oral Tablet),T4

Fanapt Titration Pack (Oral Tablet),T4

Farydak (Oral Capsule),T5

Fayosim (Oral Tablet),T4

Felbamate (Oral Suspension),T5

Felbamate (Oral Tablet),T4

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

Femring (Vaginal Ring),T4

Femynor (Oral Tablet),T4

Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet),T2

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

Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 67MG Oral Capsule),T2

Fenofibric Acid (105MG Oral Tablet),T3

Fenofibric Acid (35MG Oral Tablet),T3

Fenofibric Acid (Oral Capsule Delayed Release),T3

Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour),T4

Fentanyl Citrate (Buccal Lozenge On A Handle),T5

Ferriprox (Oral Solution),T5

Ferriprox (Oral Tablet),T5

Fetzima (Oral Capsule Extended Release 24 Hour),T4

Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack),T4

Finacea (External Foam),T4

Finasteride (5MG Oral Tablet) (Generic Proscar),T1

Firazyr (Subcutaneous Solution),T5

Firmagon (120MG Subcutaneous Solution Reconstituted),T5

Firmagon (80MG Subcutaneous Solution Reconstituted),T4

Flac (Otic Oil),T4

Flarex (Ophthalmic Suspension),T4

Flebogamma DIF (5GM/50ML Intravenous Solution),T5

Flecainide Acetate (Oral Tablet),T2

Flector (Transdermal Patch),T4

Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T3

Flovent HFA (Inhalation Aerosol),T3

Fluconazole (Oral Suspension Reconstituted),T2

Fluconazole (Oral Tablet),T2

Fluconazole in Sodium Chloride (Intravenous Solution),T4

Flucytosine (Oral Capsule),T5

Fludrocortisone Acetate (Oral Tablet),T2

Flunisolide (Nasal Solution),T1

Fluocinolone Acetonide (External Cream),T3

Fluocinolone Acetonide (External Ointment),T3

Fluocinolone Acetonide (External Solution),T3

Fluocinolone Acetonide (Otic Oil),T4

Fluocinolone Acetonide Scalp (External Oil),T4

Fluocinonide (External Gel),T3

Fluocinonide (External Ointment),T3

Fluocinonide (External Solution),T3

Fluocinonide Emulsified Base (External Cream),T3

Fluorometholone (Ophthalmic Suspension),T3

Fluorouracil (0.5% External Cream),T5

Fluorouracil (5% External Cream),T4

Fluorouracil (External Solution),T3

Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release),T2

Fluoxetine HCl (20MG/5ML Oral Solution),T2

Fluoxetine HCl (90MG Oral Capsule Delayed Release),T4

Fluphenazine Decanoate (Injection Solution),T4

Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet),T2

Fluphenazine HCl (2.5MG/5ML Oral Elixir),T4

Fluphenazine HCl (2.5MG/ML Injection Solution),T4

Fluphenazine HCl (5MG/ML Oral Concentrate),T3

Flurbiprofen (Oral Tablet),T2

Flurbiprofen Sodium (Ophthalmic Solution),T2

Flutamide (Oral Capsule),T3

Fluticasone Propionate (External Cream),T3

Fluticasone Propionate (External Ointment),T3

Fluticasone Propionate (Nasal Suspension),T2

Fluticasone-Salmeterol (Inhalation Aerosol Powder Breath Activated),T3

Fluvastatin Sodium (Oral Capsule),T2

Fluvoxamine Maleate (Oral Tablet),T3

Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution),T5

Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution),T4

Forteo (Subcutaneous Solution),T5

Fosamprenavir Calcium (Oral Tablet),T5

Fosinopril Sodium (Oral Tablet),T1

Fosinopril Sodium-HCTZ (Oral Tablet),T1

FreAmine HBC (Intravenous Solution),T4

Furosemide (Injection Solution),T4

Furosemide (Oral Solution),T2

Furosemide (Oral Tablet),T1

Fuzeon (Subcutaneous Solution Reconstituted),T5

Fyavolv (Oral Tablet),T4

Fycompa (Oral Suspension),T5

Fycompa (Oral Tablet),T5

G

Gabapentin (250MG/5ML Oral Solution),T3

Gabapentin (Oral Capsule),T2

Gabapentin (Oral Tablet),T2

Galantamine Hydrobromide (Oral Solution),T4

Galantamine Hydrobromide (Oral Tablet),T4

Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour),T4

Gammagard (2.5GM/25ML Injection Solution),T5

Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T5

Gammaked (1GM/10ML Injection Solution),T5

Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution),T5

Gamunex-C (1GM/10ML Injection Solution),T5

Gardasil 9 (Intramuscular Suspension Prefilled Syringe),T3

Bold type = Brand name drug Plain type = Generic drug

Gardasil 9 (Intramuscular Suspension),T3

Gatifloxacin (Ophthalmic Solution),T3

Gattex (Subcutaneous Kit),T5

Gauze (Non-medicated 2X2 Pad),T3

GaviLyte-C (Oral Solution Reconstituted),T2

GaviLyte-G (Oral Solution Reconstituted),T2

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

Gemfibrozil (Oral Tablet),T2

Generlac (Oral Solution),T2

Gengraf (Oral Capsule),T3

Gengraf (Oral Solution),T3

Genotropin (Subcutaneous Solution Reconstituted),T5

Genotropin MiniQuick (Subcutaneous Solution Reconstituted),T5

Gentak (Ophthalmic Ointment),T2

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

Gentamicin Sulfate (External Cream),T2

Gentamicin Sulfate (External Ointment),T2

Gentamicin Sulfate (Ophthalmic Solution),T2

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

Genvoya (Oral Tablet),T5

Geodon (Intramuscular Solution Reconstituted),T4

Gianvi (Oral Tablet),T4

Gilenya (0.5MG Oral Capsule),T5

Gilotrif (Oral Tablet),T5

Glassia (Intravenous Solution),T5

Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T5

Glatopa (Subcutaneous Solution Prefilled Syringe),T5

Gleostine (100MG Oral Capsule),T5

Gleostine (10MG Oral Capsule, 40MG Oral Capsule),T3

Glimepiride (Oral Tablet),T1

Glipizide (Oral Tablet Immediate Release),T1

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

Glipizide-Metformin HCl (Oral Tablet),T1

GlucaGen HypoKit (Injection Solution Reconstituted),T4

Glucagon Emergency (Injection Kit),T3

Glyxambi (Oral Tablet),T3

Granisetron HCl (Oral Tablet),T4

Granix (Subcutaneous Solution Prefilled Syringe),T5

Granix (Subcutaneous Solution),T5

Griseofulvin Microsize (Oral Suspension),T4

Griseofulvin Microsize (Oral Tablet),T4

Griseofulvin Ultramicrosize (Oral Tablet),T4

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

Guanidine HCl (Oral Tablet),T3

H

Haegarda (Subcutaneous Solution Reconstituted),T5

Hailey 24 Fe (Oral Tablet),T4

Halobetasol Propionate (External Cream),T4

Halobetasol Propionate (External Ointment),T4

Haloperidol (Oral Tablet),T2

Haloperidol Decanoate (Intramuscular Solution),T4

Haloperidol Lactate (Injection Solution),T4

Haloperidol Lactate (Oral Concentrate),T2

Havrix (Intramuscular Suspension),T3

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

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

HepatAmine (Intravenous Solution),T4

Hetlioz (Oral Capsule),T5

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Hiberix (Injection Solution Reconstituted),T3

Humalog (Subcutaneous Solution Cartridge),T3

Humalog (Subcutaneous Solution),T3

Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T3

Humalog KwikPen (Subcutaneous Solution Pen-Injector),T3

Humalog Mix 50/50 (Subcutaneous Suspension),T3

Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T3

Humalog Mix 75/25 (Subcutaneous Suspension),T3

Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T3

Humatrope (Injection Solution Renconstituted), Humatrope Combo Pack (Injection),T5

Humira (Subcutaneous Prefilled Syringe Kit),T5

Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T5

Humira Pen (Subcutaneous Pen-Injector Kit),T5

Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T5

Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit),T5

Humulin 70/30 (Subcutaneous Suspension),T3

Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T3

Humulin N (Subcutaneous Suspension),T3

Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T3

Humulin R (Injection Solution),T3

Humulin R U-500 (Concentrated) (Subcutaneous Solution),T3

Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T3

Hydralazine HCl (Oral Tablet),T2

Hydrochlorothiazide (Oral Capsule),T1

Hydrochlorothiazide (Oral Tablet),T1

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

Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution),T3

Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet),T3

Hydrocortisone (1% External Cream, 2.5% External Cream),T2

Hydrocortisone (1% External Ointment, 2.5% External Ointment),T2

Hydrocortisone (2.5% External Lotion),T3

Hydrocortisone (Oral Tablet),T3

Hydrocortisone (Rectal Enema),T4

Hydrocortisone Butyrate (External Ointment),T3

Hydrocortisone Valerate (External Cream),T4

Hydrocortisone Valerate (External Ointment),T4

Hydrocortisone-Acetic Acid (Otic Solution),T3

Hydromorphone HCl (1MG/ML Oral Liquid),T4

Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release),T2

Hydromorphone HCl (2MG/ML Injection Solution),T4

Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent),T4

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

Hydroxychloroquine Sulfate (Oral Tablet),T2

Hydroxyurea (Oral Capsule),T2

Hydroxyzine HCl (Oral Syrup),T3

Hydroxyzine HCl (Oral Tablet),T3

Hydroxyzine Pamoate (Oral Capsule),T3

Bold type = Brand name drug Plain type = Generic drug

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

I

IDHIFA (Oral Tablet),T5

IPOL (Injection),T3

Ibandronate Sodium (Oral Tablet),T2

Ibrance (Oral Capsule),T5

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

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

Ibuprofen (Oral Suspension),T2

Iclusig (Oral Tablet),T5

Ilevro (Ophthalmic Suspension),T3

Imatinib Mesylate (Oral Tablet),T5

Imbruvica (Oral Capsule),T5

Imbruvica (Oral Tablet),T5

Imipenem-Cilastatin (Intravenous Solution Reconstituted),T4

Imipramine HCl (Oral Tablet),T4

Imipramine Pamoate (Oral Capsule),T4

Imiquimod (5% External Cream),T4

Imiquimod Pump (3.75% External Cream),T5

Imovax Rabies (Intramuscular Injectable),T3

Imvexxy Maintenance Pack (Vaginal Insert),T3

Imvexxy Starter Pack (Vaginal Insert),T3

Incassia (Oral Tablet),T3

Increlex (Subcutaneous Solution),T5

Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T3

Indapamide (Oral Tablet),T2

Indomethacin (Oral Capsule Immediate Release),T2

Infanrix (Intramuscular Suspension),T3

Ingrezza (Oral Capsule Therapy Pack),T5

Ingrezza (Oral Capsule),T5

Inlyta (Oral Tablet),T5

Insulin Lispro (Subcutaneous Solution Pen-Injector),T3

Insulin Lispro (Subcutaneous Solution),T3

Insulin Syringes, Needles,T3

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

Intelence (25MG Oral Tablet),T4

Intralipid (Intravenous Emulsion),T4

Intron A (Injection Solution Reconstituted),T5

Intron A (Injection Solution),T5

Introvale (Oral Tablet),T4

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

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

Invega Trinza (Intramuscular Suspension Prefilled Syringe),T5

Invirase (Oral Tablet),T5

Invokamet (Oral Tablet Immediate Release),T3

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

Invokana (Oral Tablet),T3

Ionosol-MB in D5W (Intravenous Solution),T4

Ipratropium Bromide (Inhalation Solution),T2

Ipratropium Bromide (Nasal Solution),T2

Ipratropium-Albuterol (Inhalation Solution),T1

Irbesartan (Oral Tablet),T1

Irbesartan-Hydrochlorothiazide (Oral Tablet),T1

Iressa (Oral Tablet),T5

Isentress (100MG Oral Tablet Chewable),T5

Isentress (25MG Oral Tablet Chewable),T3

Isentress (Oral Packet),T4

Isentress (Oral Tablet),T5

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Isentress HD (Oral Tablet),T5

Isibloom (Oral Tablet),T4

Isolyte-P in D5W (Intravenous Solution),T4

Isolyte-S (Intravenous Solution),T4

Isoniazid (Oral Syrup),T4

Isoniazid (Oral Tablet),T2

Isosorbide Dinitrate (Oral Tablet Immediate Release),T2

Isosorbide Dinitrate ER (Oral Tablet Extended Release),T2

Isosorbide Mononitrate (Oral Tablet Immediate Release),T2

Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T2

Isotretinoin (Oral Capsule),T4

Itraconazole (Oral Capsule),T4

Itraconazole (Oral Solution),T5

Ivermectin (Oral Tablet),T3

Ixiaro (Intramuscular Suspension),T3

J

Jadenu (Oral Tablet),T5

Jadenu Sprinkle (Oral Packet),T5

Jakafi (Oral Tablet),T5

Jantoven (Oral Tablet),T1

Janumet (Oral Tablet Immediate Release),T3

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

Januvia (Oral Tablet),T3

Jardiance (Oral Tablet),T3

Jasmiel (Oral Tablet),T4

Jentadueto (Oral Tablet Immediate Release),T3

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

Jinteli (Oral Tablet),T4

Jolivette (0.35MG Oral Tablet),T3

Jublia (External Solution),T4

Juleber (Oral Tablet),T4

Juluca (Oral Tablet),T5

Junel 1.5/30 (Oral Tablet),T4

Junel 1/20 (Oral Tablet),T4

Junel Fe 1.5/30 (Oral Tablet),T4

Junel Fe 1/20 (Oral Tablet),T4

Junel Fe 24 (Oral Tablet),T4

Juxtapid (Oral Capsule),T5

K

KCl in Dextrose-NaCl (Injection),T4

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

Kaitlib Fe (Oral Tablet Chewable),T4

Kaletra (100-25MG Oral Tablet),T4

Kaletra (200-50MG Oral Tablet),T5

Kalydeco (Oral Packet),T5

Kalydeco (Oral Tablet),T5

Kariva (Oral Tablet),T4

Kelnor 1/35 (Oral Tablet),T4

Kelnor 1/50 (Oral Tablet),T4

Ketoconazole (External Cream),T2

Ketoconazole (External Shampoo),T2

Ketoconazole (Oral Tablet),T2

Ketoprofen (Oral Capsule Immediate Release),T3

Ketorolac Tromethamine (Ophthalmic Solution),T3

Kineret (Subcutaneous Solution Prefilled Syringe),T5

Kinrix (Intramuscular Suspension),T3

Kionex (Oral Suspension),T3

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

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

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

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

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

Bold type = Brand name drug Plain type = Generic drug

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

Klor-Con (Oral Packet),T3

Klor-Con 10 (Oral Tablet Extended Release),T3

Klor-Con 8 (Oral Tablet Extended Release),T3

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

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

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

Klor-Con Sprinkle (8MEQ Oral Capsule Extended Release),T3

Korlym (Oral Tablet),T5

Kurvelo (Oral Tablet),T4

Kuvan (Oral Packet),T5

Kuvan (Oral Tablet Soluble),T5

L

LARIN 1.5/30 (Oral Tablet),T4

LARIN 1/20 (Oral Tablet),T4

LARIN Fe 1.5/30 (Oral Tablet),T4

LARIN Fe 1/20 (Oral Tablet),T4

Labetalol HCl (Oral Tablet),T2

Lacrisert (Ophthalmic Insert),T4

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

Lamivudine (100MG Oral Tablet),T3

Lamivudine (10MG/ML Oral Solution),T3

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

Lamivudine-Zidovudine (Oral Tablet),T4

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

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

Lanoxin (Oral Tablet),T4

Lansoprazole (Oral Capsule Delayed Release),T2

Lanthanum Carbonate (Oral Tablet Chewable),T5

Lantus (Subcutaneous Solution),T3

Lantus SoloStar (Subcutaneous Solution Pen-Injector),T3

Larissia (Oral Tablet),T4

Lastacaft (Ophthalmic Solution),T3

Latanoprost (Ophthalmic Solution),T1

Latuda (Oral Tablet),T5

Layolis Fe (Oral Tablet Chewable),T4

Leena (Oral Tablet),T4

Leflunomide (Oral Tablet),T2

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

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

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

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

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

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

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

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

Lessina (Oral Tablet),T4

Letrozole (Oral Tablet),T2

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

Leucovorin Calcium (25MG Oral Tablet),T4

Leukeran (Oral Tablet),T5

Leukine (Injection Solution Reconstituted),T5

Leuprolide Acetate (Injection Kit),T4

Levalbuterol HCl (Inhalation Nebulization Solution),T4

Levemir (Subcutaneous Solution),T3

Levemir FlexTouch (Subcutaneous Solution

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Pen-Injector),T3

Levetiracetam (Oral Solution),T2

Levetiracetam (Oral Tablet Immediate Release),T2

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

Levo-T (Oral Tablet),T3

Levobunolol HCl (Ophthalmic Solution),T2

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

Levocarnitine (330MG Oral Tablet),T3

Levocetirizine Dihydrochloride (Oral Tablet),T1

Levofloxacin (0.5% Ophthalmic Solution),T3

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

Levofloxacin (25MG/ML Intravenous Solution),T4

Levofloxacin (25MG/ML Oral Solution),T4

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

Levonest (Oral Tablet),T4

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

Levonorgestrel-Ethinyl Estradiol (Oral Tablet),T4

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

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

Levorphanol Tartrate (Oral Tablet),T5

Levothyroxine Sodium (Oral Tablet),T1

Levoxyl (Oral Tablet),T3

Lexiva (Oral Suspension),T4

Lidocaine (5% External Ointment),T4

Lidocaine (5% External Patch),T4

Lidocaine HCl (4% External Solution),T2

Lidocaine HCl (External Gel),T2

Lidocaine Viscous (2% Mouth/Throat Solution),T2

Lidocaine-Prilocaine (External Cream),T3

Lindane (External Shampoo),T4

Linezolid (Intravenous Solution),T4

Linezolid (Oral Suspension Reconstituted),T5

Linezolid (Oral Tablet),T4

Linzess (Oral Capsule),T3

Liothyronine Sodium (Oral Tablet),T2

Lisinopril (Oral Tablet),T1

Lisinopril-Hydrochlorothiazide (Oral Tablet),T1

Lithium (Oral Solution),T3

Lithium Carbonate (Oral Capsule),T2

Lithium Carbonate (Oral Tablet Immediate Release),T2

Lithium Carbonate ER (Oral Tablet Extended Release),T2

Lithostat (Oral Tablet),T5

Livalo (Oral Tablet),T3

Lokelma (Oral Packet),T4

Lonhala Magnair Refill Kit (Inhalation Solution),T5

Lonsurf (Oral Tablet),T5

Loperamide HCl (Oral Capsule),T2

Lopinavir-Ritonavir (Oral Solution),T4

Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet),T1

Lorazepam (2MG/ML Oral Concentrate),T2

Lorbrena (Oral Tablet),T5

Lorcet (Oral Tablet),T3

Lorcet HD (Oral Tablet),T3

Lorcet Plus (Oral Tablet),T3

Loryna (Oral Tablet),T4

Losartan Potassium (Oral Tablet),T1

Losartan Potassium-HCTZ (Oral Tablet),T1

Lotemax (Ophthalmic Gel),T4

Lotemax (Ophthalmic Ointment),T4

Lotemax (Ophthalmic Suspension),T4

Lotemax SM (Ophthalmic Gel),T4

Loteprednol Etabonate (Ophthalmic Suspension),T4

Bold type = Brand name drug Plain type = Generic drug

Lovastatin (Oral Tablet),T1

Low-Ogestrel (Oral Tablet),T4

Loxapine Succinate (Oral Capsule),T2

Lumigan (Ophthalmic Solution),T3

Lupaneta Pack (Combination Kit),T5

Lupron Depot (1-Month) (Intramuscular Kit),T5

Lupron Depot (3-Month) (Intramuscular Kit),T5

Lupron Depot (4-Month) (Intramuscular Kit),T5

Lupron Depot (6-Month) (Intramuscular Kit),T5

Lutera (Oral Tablet),T4

Lynparza (Oral Tablet),T5

Lyrica (Oral Capsule),T3

Lyrica (Oral Solution),T3

Lysodren (Oral Tablet),T5

Lyza (Oral Tablet),T3

M

M-M-R II (Subcutaneous Injectable),T3

Magnesium Sulfate (50% (10ML Syringe) Injection Solution),T4

Magnesium Sulfate (50% Injection Solution),T4

Malathion (External Lotion),T4

Maprotiline HCl (Oral Tablet),T4

Marlissa (Oral Tablet),T4

Marplan (Oral Tablet),T4

Matulane (Oral Capsule),T5

Matzim LA (Oral Tablet Extended Release 24 Hour),T2

Mavyret (Oral Tablet),T5

Mayzent (Oral Tablet),T5

Meclizine HCl (Oral Tablet),T2

Medroxyprogesterone Acetate (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet),T2

Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension Prefilled Syringe),T4

Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension),T4

Mefloquine HCl (Oral Tablet),T2

Megestrol Acetate (40MG/ML Oral Suspension),T3

Megestrol Acetate (625MG/5ML Oral Suspension),T4

Megestrol Acetate (Oral Tablet),T3

Mekinist (Oral Tablet),T5

Mektovi (Oral Tablet),T5

Melodetta 24 Fe (Oral Tablet Chewable),T4

Meloxicam (Oral Tablet),T1

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

Memantine HCl (Oral Solution),T4

Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T3

Memantine HCl Titration Pak (Oral Tablet),T3

Menactra (Intramuscular Injectable),T3

Menest (Oral Tablet),T3

Mentax (External Cream),T4

Menveo (Intramuscular Solution Reconstituted),T3

Mercaptopurine (Oral Tablet),T3

Meropenem (Intravenous Solution Reconstituted),T4

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

Mesalamine (Rectal Enema),T4

Mesalamine (Rectal Suppository),T5

Mesnex (Oral Tablet),T5

Metadate ER (Oral Tablet Extended Release),T4

Metaproterenol Sulfate (10MG Oral Tablet, 20MG Oral Tablet),T4

Metaproterenol Sulfate (Oral Syrup),T4

Metformin HCl (Oral Tablet Immediate

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Release),T1

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

Methadone HCl (Oral Solution),T3

Methadone HCl (Oral Tablet),T3

Methazolamide (Oral Tablet),T4

Methenamine Hippurate (Oral Tablet),T4

Methimazole (Oral Tablet),T2

Methotrexate (Oral Tablet),T2

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

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

Methoxsalen Rapid (Oral Capsule),T5

Methscopolamine Bromide (Oral Tablet),T4

Methyclothiazide (5MG Oral Tablet),T3

Methyldopa (Oral Tablet),T3

Methyldopa-Hydrochlorothiazide (Oral Tablet),T3

Methylphenidate HCl (Oral Solution),T4

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

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

Methylprednisolone (Oral Tablet Therapy Pack),T2

Methylprednisolone (Oral Tablet),T2

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

Metoclopramide HCl (Oral Tablet),T1

Metolazone (Oral Tablet),T3

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

Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1

Metoprolol-Hydrochlorothiazide (Oral Tablet),T2

Metronidazole (0.75% External Cream),T4

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

Metronidazole (0.75% External Lotion),T4

Metronidazole (0.75% Vaginal Gel),T3

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

Metronidazole in NaCl 0.79% (Intravenous Solution),T4

Mexiletine HCl (Oral Capsule),T3

Mibelas 24 Fe (Oral Tablet Chewable),T4

Miconazole 3 (Vaginal Suppository),T3

Microgestin 1.5/30 (Oral Tablet),T4

Microgestin 1/20 (Oral Tablet),T4

Microgestin Fe 1.5/30 (Oral Tablet),T4

Microgestin Fe 1/20 (Oral Tablet),T4

Midodrine HCl (Oral Tablet),T3

Migergot (Rectal Suppository),T5

Miglitol (Oral Tablet),T4

Miglustat (Oral Capsule),T5

Mili (Oral Tablet),T4

Minitran (Transdermal Patch 24 Hour),T2

Minocycline HCl (Oral Capsule),T2

Minocycline HCl (Oral Tablet Immediate Release),T4

Minoxidil (Oral Tablet),T2

Mirtazapine (Oral Tablet),T2

Mirtazapine ODT (Oral Tablet Dispersible),T2

Mirvaso (External Gel),T4

Misoprostol (Oral Tablet),T3

Modafinil (Oral Tablet),T4

Moexipril HCl (Oral Tablet),T1

Molindone HCl (Oral Tablet),T4

Mometasone Furoate (External Cream),T2

Mometasone Furoate (External Ointment),T2

Mometasone Furoate (External Solution),T2

Mometasone Furoate (Nasal Suspension),T4

MonoNessa (Oral Tablet),T4

Montelukast Sodium (Oral Packet),T2

Bold type = Brand name drug Plain type = Generic drug

Montelukast Sodium (Oral Tablet Chewable),T2

Montelukast Sodium (Oral Tablet),T1

Morphine Sulfate (100MG/5ML Oral Solution),T3

Morphine Sulfate (10MG/ML Injection Solution, 4MG/ML Injection Solution),T4

Morphine Sulfate (2MG/ML Injection Solution, 5MG/ML Injection Solution),T4

Morphine Sulfate (8MG/ML Intravenous Solution Prefilled Syringe),T4

Morphine Sulfate (Oral Solution),T3

Morphine Sulfate (Oral Tablet Immediate Release),T3

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

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

Moxifloxacin HCl (Ophthalmic Solution),T4

Moxifloxacin HCl (Oral Tablet),T3

Moxifloxacin HCl in NaCl (Intravenous Solution),T4

Multaq (Oral Tablet),T3

Mupirocin (External Ointment),T2

Mupirocin Calcium (External Cream),T4

Myalept (Subcutaneous Solution Reconstituted),T5

Mycamine (Intravenous Solution Reconstituted),T5

Mycophenolate Mofetil (Oral Capsule),T3

Mycophenolate Mofetil (Oral Suspension Reconstituted),T5

Mycophenolate Mofetil (Oral Tablet),T3

Mycophenolate Sodium (Oral Tablet Delayed Release),T4

Myrbetriq (Oral Tablet Extended Release 24 Hour),T3

N

Nabumetone (Oral Tablet),T2

Nadolol (Oral Tablet),T4

Nadolol-Bendroflumethiazide (40-5MG Oral Tablet),T3

Nafcillin Sodium (10GM Intravenous Solution Reconstituted),T4

Nafcillin Sodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted),T4

Naftifine HCl (External Cream),T4

Naftin (External Gel),T4

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

Naloxone HCl (Injection Solution Cartridge),T2

Naloxone HCl (Injection Solution Prefilled Syringe),T2

Naltrexone HCl (Oral Tablet),T3

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

Namzaric (Oral Capsule Extended Release 24 Hour),T3

Naproxen (Oral Suspension),T4

Naproxen (Oral Tablet Immediate Release),T2

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

Naratriptan HCl (Oral Tablet),T3

Narcan (Nasal Liquid),T3

Natacyn (Ophthalmic Suspension),T4

Nateglinide (Oral Tablet),T1

Natpara (Subcutaneous Cartridge),T5

Nebupent (Inhalation Solution Reconstituted),T4

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

Nefazodone HCl (Oral Tablet),T4

Neomycin Sulfate (Oral Tablet),T2

Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment),T3

Neomycin-Polymyxin-Bacitracin-Hydrocortisone

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

(Ophthalmic Ointment),T3

Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension),T2

Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment),T2

Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution),T3

Neomycin-Polymyxin-HC (1% Otic Solution),T3

Neomycin-Polymyxin-HC (Ophthalmic Suspension),T4

Neomycin-Polymyxin-HC (Otic Suspension),T3

NephrAmine (Intravenous Solution),T4

Nerlynx (Oral Tablet),T5

Neulasta (Subcutaneous Solution Prefilled Syringe),T5

Neupogen (Injection Solution Prefilled Syringe),T5

Neupogen (Injection Solution),T5

Neupro (Transdermal Patch 24 Hour),T4

Nevirapine (Oral Suspension),T4

Nevirapine (Oral Tablet Immediate Release),T3

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

Nexavar (Oral Tablet),T5

Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release),T4

Niacor (Oral Tablet),T2

Nicardipine HCl (Oral Capsule),T3

Nicotrol (Inhalation Inhaler),T4

Nicotrol NS (Nasal Solution),T4

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

Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour),T2

Nikki (Oral Tablet),T4

Nilutamide (Oral Tablet),T5

Nimodipine (Oral Capsule),T4

Ninlaro (Oral Capsule),T5

Nitro-Bid (Transdermal Ointment),T4

Nitrofurantoin (Oral Suspension),T4

Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrodantin),T3

Nitrofurantoin Monohydrate (Generic Macrobid),T3

Nitroglycerin (Tablet Sublingual),T2

Nitroglycerin (Transdermal Patch 24 Hour),T2

Nitroglycerin (Translingual Solution),T3

Nitrostat (Tablet Sublingual),T3

Nora-BE (Oral Tablet),T3

Norditropin FlexPro (Subcutaneous Solution),T5

Norethindrone (0.35MG Oral Tablet),T3

Norethindrone Acetate (5MG Oral Tablet),T2

Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet),T4

Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet),T4

Norethindrone Acetate-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable, 0.8-25MG-MCG Oral Tablet Chewable, 1-20MG-MCG(24) Oral Tablet Chewable),T4

Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG(24) Oral Tablet),T4

Norgestimate-Ethinyl Estradiol (Oral Tablet),T4

Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet),T4

Norlyroc (Oral Tablet),T3

Normosol-M in D5W (Intravenous Solution),T4

Normosol-R in D5W (Intravenous Solution),T4

Normosol-R pH 7.4 (Intravenous Solution),T4

Northera (Oral Capsule),T5

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

Nortrel 1/35 (21) (Oral Tablet),T4

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

Bold type = Brand name drug Plain type = Generic drug

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

Nortriptyline HCl (Oral Capsule),T2

Nortriptyline HCl (Oral Solution),T2

Norvir (Oral Packet),T4

Norvir (Oral Solution),T4

Noxafil (Oral Suspension),T5

Noxafil (Oral Tablet Delayed Release),T5

Nucala (Subcutaneous Solution Auto-Injector),T5

Nucala (Subcutaneous Solution Prefilled Syringe),T5

Nucala (Subcutaneous Solution Reconstituted),T5

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

Nuedexta (Oral Capsule),T4

Nuplazid (Oral Capsule),T5

Nuplazid (Oral Tablet),T5

Nutrilipid (Intravenous Emulsion),T4

Nutropin AQ NuSpin 10 (Subcutaneous Solution),T5

Nutropin AQ NuSpin 20 (Subcutaneous Solution),T5

Nutropin AQ NuSpin 5 (Subcutaneous Solution),T5

Nyamyc (External Powder),T2

Nymalize (60MG/20ML Oral Solution),T5

Nystatin (External Cream),T2

Nystatin (External Ointment),T2

Nystatin (External Powder),T2

Nystatin (Mouth/Throat Suspension),T2

Nystatin (Oral Tablet),T2

Nystop (External Powder),T2

O

Ocaliva (Oral Tablet),T5

Ocella (Oral Tablet),T4

Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution),T5

Octreotide Acetate (1000MCG/ML Injection Solution, 500MCG/ML Injection Solution),T5

Octreotide Acetate (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 50MCG/ML Injection Solution),T4

Odefsey (Oral Tablet),T5

Odomzo (Oral Capsule),T5

Ofev (Oral Capsule),T5

Ofloxacin (Ophthalmic Solution),T2

Ofloxacin (Oral Tablet),T3

Ofloxacin (Otic Solution),T3

Ogestrel (Oral Tablet),T4

Olanzapine (10MG Intramuscular Solution Reconstituted),T4

Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet),T2

Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible),T4

Olmesartan Medoxomil (Oral Tablet),T1

Olmesartan Medoxomil-HCTZ (Oral Tablet),T1

Olmesartan-Amlodipine-HCTZ (Oral Tablet),T2

Olopatadine HCl (Ophthalmic Solution),T3

Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T4

Omeprazole (10MG Oral Capsule Delayed Release),T2

Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2

Ondansetron HCl (Oral Solution),T4

Ondansetron HCl (Oral Tablet),T2

Ondansetron ODT (Oral Tablet Dispersible),T2

Opsumit (Oral Tablet),T5

Orencia (Subcutaneous Solution Prefilled Syringe),T5

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Orencia ClickJect (Subcutaneous Solution Auto-Injector),T5

Orenitram (0.125MG Oral Tablet Extended Release),T4

Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release),T5

Orfadin (Oral Capsule),T5

Orfadin (Oral Suspension),T5

Orkambi (Oral Packet),T5

Orkambi (Oral Tablet),T5

Orsythia (Oral Tablet),T4

Oseltamivir Phosphate (Oral Capsule),T3

Oseltamivir Phosphate (Oral Suspension Reconstituted),T3

Osphena (Oral Tablet),T3

Otezla (Oral Tablet Therapy Pack),T5

Otezla (Oral Tablet),T5

Oxacillin Sodium (Injection Solution Reconstituted),T4

Oxandrolone (10MG Oral Tablet),T4

Oxandrolone (2.5MG Oral Tablet),T3

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

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

Oxsoralen Ultra (Oral Capsule),T5

Oxybutynin Chloride (Oral Syrup),T2

Oxybutynin Chloride (Oral Tablet Immediate Release),T2

Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),T2

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

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

Oxycodone HCl (5MG/5ML Oral Solution),T3

Oxycodone-Acetaminophen (Oral Tablet),T3

Oxycodone-Aspirin (Oral Tablet),T3

Oxycodone-Ibuprofen (Oral Tablet),T3

Ozempic (Subcutaneous Solution Pen-Injector),T3

P

PEG-3350-Electrolytes (Oral Solution Reconstituted) (Generic Colyte),T2

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

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

PENTAM 300 (Injection Solution Reconstituted),T4

Pacerone (200MG Oral Tablet),T1

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

Panretin (External Gel),T5

Pantoprazole Sodium (Oral Tablet Delayed Release),T1

Panzyga (Intravenous Solution),T5

Paricalcitol (Oral Capsule),T4

Paromomycin Sulfate (Oral Capsule),T4

Paroxetine HCl (Oral Tablet Immediate Release),T2

Paser (Oral Packet),T4

Paxil (Oral Suspension),T4

Pazeo (Ophthalmic Solution),T3

Pediarix (Intramuscular Suspension),T3

Pedvax HIB (Intramuscular Suspension),T3

Peganone (Oral Tablet),T4

Pegasys (Subcutaneous Solution),T5

Pegasys ProClick (Subcutaneous Solution),T5

Penicillamine (Oral Capsule),T5

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

Penicillin G Procaine (Intramuscular Suspension),T4

Penicillin G Sodium (Injection Solution Reconstituted),T5

Penicillin V Potassium (Oral Solution Reconstituted),T2

Penicillin V Potassium (Oral Tablet),T2

Pentasa (Oral Capsule Extended Release),T4

Pentoxifylline ER (Oral Tablet Extended Release),T2

Perforomist (Inhalation Nebulization Solution),T4

Perindopril Erbumine (Oral Tablet),T1

Permethrin (External Cream),T3

Perphenazine (Oral Tablet),T4

Perseris (Subcutaneous Prefilled Syringe),T5

Phenadoz (12.5MG Rectal Suppository),T4

Phenelzine Sulfate (Oral Tablet),T3

Phenobarbital (Oral Elixir),T2

Phenobarbital (Oral Tablet),T2

Phenoxybenzamine HCl (Oral Capsule),T5

Phenytek (Oral Capsule),T2

Phenytoin (Oral Suspension),T2

Phenytoin (Oral Tablet Chewable),T2

Phenytoin Sodium Extended (Oral Capsule),T2

Phoslyra (Oral Solution),T3

Phospholine Iodide (Ophthalmic Solution Reconstituted),T4

Picato (External Gel),T3

Pifeltro (Oral Tablet),T5

Pilocarpine HCl (Ophthalmic Solution),T3

Pilocarpine HCl (Oral Tablet),T4

Pimecrolimus (External Cream),T4

Pimozide (Oral Tablet),T4

Pimtrea (Oral Tablet),T4

Pindolol (Oral Tablet),T3

Pioglitazone HCl (Oral Tablet),T1

Pioglitazone HCl-Glimepiride (Oral Tablet),T1

Pioglitazone HCl-Metformin HCl (Oral Tablet),T1

Piperacillin-Tazobactam (Intravenous Solution Reconstituted),T4

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

Piqray (250 MG Daily Dose) (Oral Tablet Therapy Pack),T5

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

Pirmella 1/35 (Oral Tablet),T4

Piroxicam (Oral Capsule),T3

Plasma-Lyte 148 (Intravenous Solution),T4

Plasma-Lyte A (Intravenous Solution),T4

Plenamine (Intravenous Solution),T4

Podofilox (External Solution),T3

Polymyxin B Sulfate (Injection Solution Reconstituted),T4

Polymyxin B-Trimethoprim (Ophthalmic Solution),T2

Pomalyst (Oral Capsule),T5

Portia-28 (Oral Tablet),T4

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

Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution),T4

Potassium Chloride (Oral Packet),T3

Potassium Chloride (Oral Solution),T3

Potassium Chloride CR (Oral Tablet Extended Release),T2

Potassium Chloride ER (Oral Capsule Extended Release),T2

Potassium Chloride in Dextrose (Intravenous Solution),T4

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

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

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

Potassium Citrate ER (Oral Tablet Extended Release),T3

Praluent (Subcutaneous Solution Pen-Injector),T4

Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T2

Prasugrel HCl (Oral Tablet),T3

Pravastatin Sodium (Oral Tablet),T1

Praziquantel (Oral Tablet),T4

Prazosin HCl (Oral Capsule),T2

Pred Mild (Ophthalmic Suspension),T4

Pred-G (Ophthalmic Suspension),T4

Pred-G S.O.P. (Ophthalmic Ointment),T4

Prednicarbate (External Cream),T4

Prednicarbate (External Ointment),T4

Prednisolone (Oral Solution),T2

Prednisolone Acetate (Ophthalmic Suspension),T3

Prednisolone Sodium Phosphate (1% Ophthalmic Solution),T2

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

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

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

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

Prednisone Intensol (Oral Concentrate),T2

Premarin (Oral Tablet),T4

Premarin (Vaginal Cream),T3

Premasol (Intravenous Solution),T4

Premphase (Oral Tablet),T4

Prempro (Oral Tablet),T4

Prevalite (Oral Packet),T4

Previfem (Oral Tablet),T4

Prezcobix (Oral Tablet),T5

Prezista (150MG Oral Tablet, 75MG Oral Tablet),T4

Prezista (600MG Oral Tablet, 800MG Oral Tablet),T5

Prezista (Oral Suspension),T5

Priftin (Oral Tablet),T4

Prilosec (Oral Packet),T4

Primaquine Phosphate (Oral Tablet),T4

Primidone (Oral Tablet),T2

Privigen (20GM/200ML Intravenous Solution),T5

ProAir HFA (Inhalation Aerosol Solution),T3

ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T3

ProQuad (Subcutaneous Suspension Reconstituted),T3

Probenecid (Oral Tablet),T2

Probenecid-Colchicine (Oral Tablet),T2

Procalamine (Intravenous Solution),T4

Prochlorperazine (Rectal Suppository),T4

Prochlorperazine Maleate (Oral Tablet),T2

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

Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution),T5

Procto-Med HC (Rectal Cream),T2

Procto-Pak (Rectal Cream),T2

Proctosol HC (Rectal Cream),T2

Proctozone-HC (Rectal Cream),T2

Progesterone Micronized (Oral Capsule),T2

Proglycem (Oral Suspension),T5

Prograf (Oral Packet),T5

Prolastin-C (Intravenous Solution

Bold type = Brand name drug Plain type = Generic drug

Reconstituted),T5

Prolensa (Ophthalmic Solution),T4

Prolia (Subcutaneous Solution Prefilled Syringe),T4

Promacta (Oral Packet),T5

Promacta (Oral Tablet),T5

Promethazine HCl (12.5MG Rectal Suppository, 25MG Rectal Suppository),T4

Promethazine HCl (Oral Syrup),T3

Promethazine HCl (Oral Tablet),T3

Promethegan (25MG Rectal Suppository),T4

Propafenone HCl (Oral Tablet),T2

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

Proparacaine HCl (Ophthalmic Solution),T2

Propranolol HCl (Oral Solution),T2

Propranolol HCl (Oral Tablet),T2

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

Propranolol-HCTZ (Oral Tablet),T2

Propylthiouracil (Oral Tablet),T2

Prosol (Intravenous Solution),T4

Protriptyline HCl (Oral Tablet),T4

Pulmozyme (Inhalation Solution),T5

Purixan (Oral Suspension),T5

Pyrazinamide (Oral Tablet),T4

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

Pyridostigmine Bromide (Oral Solution),T5

Pyridostigmine Bromide ER (Oral Tablet Extended Release),T4

Q

Quadracel (Intramuscular Suspension),T3

Quetiapine Fumarate (Oral Tablet Immediate Release),T2

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

Quinapril HCl (Oral Tablet),T1

Quinapril-Hydrochlorothiazide (Oral Tablet),T1

Quinidine Gluconate ER (Oral Tablet Extended Release),T4

Quinidine Sulfate (Oral Tablet),T2

Quinine Sulfate (Oral Capsule),T4

R

RAVICTI (Oral Liquid),T5

RabAvert (Intramuscular Suspension Reconstituted),T3

Rabeprazole Sodium (Oral Tablet Delayed Release),T3

Raloxifene HCl (Oral Tablet),T3

Ramipril (Oral Capsule),T1

Ranitidine HCl (150MG Oral Tablet, 300MG Oral Tablet),T2

Ranitidine HCl (75MG/5ML Oral Syrup),T2

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

Rasagiline Mesylate (Oral Tablet),T4

Rasuvo (Subcutaneous Solution Auto-Injector),T4

Rayaldee (Oral Capsule Extended Release),T5

Rebif (Subcutaneous Solution Prefilled Syringe),T5

Rebif Rebidose (Subcutaneous Solution Auto-Injector),T5

Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector),T5

Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe),T5

Reclipsen (Oral Tablet),T4

Recombivax HB (Injection Suspension),T3

Rectiv (Rectal Ointment),T4

Regranex (External Gel),T5

Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated),T3

Relistor (Oral Tablet),T5

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Relistor (Subcutaneous Solution),T5

Repaglinide (Oral Tablet),T1

Repaglinide-Metformin HCl (Oral Tablet),T4

Repatha (Subcutaneous Solution Prefilled Syringe),T4

Repatha Pushtronex System (Subcutaneous Solution Cartridge),T4

Repatha SureClick (Subcutaneous Solution Auto-Injector),T4

Rescriptor (Oral Tablet),T4

Restasis (Ophthalmic Emulsion),T3

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

Retacrit (40000UNIT/ML Injection Solution),T5

Revlimid (Oral Capsule),T5

Rexulti (Oral Tablet),T5

Reyataz (Oral Packet),T5

Rhopressa (Ophthalmic Solution),T3

Ribasphere (600MG Oral Tablet),T3

Ribavirin (Oral Tablet),T3

Ridaura (Oral Capsule),T5

Rifabutin (Oral Capsule),T4

Rifampin (Intravenous Solution Reconstituted),T4

Rifampin (Oral Capsule),T3

Rifater (Oral Tablet),T5

Riluzole (Oral Tablet),T3

Rimantadine HCl (Oral Tablet),T4

Riomet (Oral Solution),T4

Risedronate Sodium (Oral Tablet Immediate Release),T3

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

Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted, 50MG Intramuscular Suspension Reconstituted),T5

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

Risperidone (1MG/ML Oral Solution),T4

Risperidone ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible, 3MG Oral Tablet Dispersible, 4MG Oral Tablet Dispersible),T4

Ritonavir (Oral Tablet),T3

Rivastigmine (Transdermal Patch 24 Hour),T4

Rivastigmine Tartrate (Oral Capsule),T3

Rivelsa (Oral Tablet),T4

Rizatriptan Benzoate (Oral Tablet),T3

Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T3

Ropinirole HCl (Oral Tablet Immediate Release),T2

Rosuvastatin Calcium (Oral Tablet),T1

RotaTeq (Oral Solution),T3

Rotarix (Oral Suspension Reconstituted),T3

Roweepra (Oral Tablet Immediate Release),T2

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

Rubraca (Oral Tablet),T5

Ruconest (Intravenous Solution Reconstituted),T5

Rydapt (Oral Capsule),T5

Rytary (Oral Capsule Extended Release),T4

S

SPS (Oral Suspension),T3

SSD (External Cream),T3

Saizen (Injection Solution Reconstituted),T5

Saizenprep (Injection Solution Reconstituted),T5

Sancuso (Transdermal Patch),T5

Sandimmune (Oral Solution),T4

Bold type = Brand name drug Plain type = Generic drug

Santyl (External Ointment),T4

Saphris (Tablet Sublingual),T5

Savella (Oral Tablet),T3

Savella Titration Pack (Oral Tablet),T3

Scopolamine (Transdermal Patch 72 Hour),T4

Selegiline HCl (Oral Capsule),T3

Selegiline HCl (Oral Tablet),T3

Selenium Sulfide (External Lotion),T2

Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet),T5

Selzentry (25MG Oral Tablet),T3

Selzentry (Oral Solution),T5

Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T3

Serostim (Subcutaneous Solution Reconstituted),T5

Sertraline HCl (Oral Concentrate),T4

Sertraline HCl (Oral Tablet),T1

Setlakin (Oral Tablet),T4

Sevelamer Carbonate (Oral Packet),T5

Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T4

Sharobel (Oral Tablet),T3

Shingrix (Intramuscular Suspension Reconstituted),T3

Signifor (Subcutaneous Solution),T5

Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T3

Silodosin (Oral Capsule),T3

Silver Sulfadiazine (External Cream),T3

Simbrinza (Ophthalmic Suspension),T3

Simponi (Subcutaneous Solution Auto-Injector),T5

Simponi (Subcutaneous Solution Prefilled Syringe),T5

Simvastatin (Oral Tablet),T1

Sirolimus (Oral Solution),T5

Sirolimus (Oral Tablet),T4

Sirturo (Oral Tablet),T5

Sodium Chloride (0.45% Intravenous Solution),T4

Sodium Chloride (0.9% Intravenous Solution),T4

Sodium Chloride (3% Intravenous Solution, 5% Intravenous Solution),T4

Sodium Chloride (Irrigation Solution),T3

Sodium Fluoride (Oral Tablet),T2

Sodium Lactate (Intravenous Solution),T4

Sodium Phenylbutyrate (Oral Powder),T5

Sodium Phenylbutyrate (Oral Tablet),T5

Sodium Polystyrene Sulfonate (Oral Powder),T3

Sodium Polystyrene Sulfonate (Oral Suspension),T3

Sofosbuvir-Velpatasvir (Oral Tablet),T5

Solifenacin Succinate (Oral Tablet),T3

Soliqua (Subcutaneous Solution Pen-Injector),T3

Soltamox (Oral Solution),T5

Somatuline Depot (Subcutaneous Solution),T5

Somavert (Subcutaneous Solution Reconstituted),T5

Sotalol HCl (AF) (120MG Oral Tablet),T2

Sotalol HCl (Oral Tablet),T2

Sovaldi (Oral Tablet),T5

Spiriva HandiHaler (Inhalation Capsule),T3

Spiriva Respimat (Inhalation Aerosol Solution),T3

Spironolactone (Oral Tablet),T2

Spironolactone-HCTZ (Oral Tablet),T2

Sprintec 28 (Oral Tablet),T4

Spritam (1000MG Oral Tablet Disintegrating Soluble, 250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble, 750MG Oral Tablet Disintegrating Soluble),T4

Sprycel (Oral Tablet),T5

Sronyx (Oral Tablet),T4

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Stavudine (Oral Capsule),T3

Stelara (Subcutaneous Solution Prefilled Syringe),T5

Stelara (Subcutaneous Solution),T5

Stiolto Respimat (Inhalation Aerosol Solution),T3

Stivarga (Oral Tablet),T5

Streptomycin Sulfate (Intramuscular Solution Reconstituted),T5

Stribild (Oral Tablet),T5

Suboxone (Sublingual Film),T4

Sucraid (Oral Solution),T5

Sucralfate (Oral Tablet),T2

Sulfacetamide Sodium (Ophthalmic Ointment),T2

Sulfacetamide Sodium (Ophthalmic Solution),T2

Sulfacetamide-Prednisolone (Ophthalmic Solution),T2

Sulfadiazine (Oral Tablet),T4

Sulfamethoxazole-Trimethoprim (Oral Suspension),T2

Sulfamethoxazole-Trimethoprim (Oral Tablet),T2

Sulfamylon (External Cream),T4

Sulfasalazine (Oral Tablet Delayed Release),T2

Sulfasalazine (Oral Tablet Immediate Release),T2

Sulindac (Oral Tablet),T2

Sumatriptan (Nasal Solution),T4

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

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

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

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

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

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

Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge),T4

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

Suprax (Oral Capsule),T3

Suprax (Oral Tablet Chewable),T3

Suprep Bowel Prep Kit (Oral Solution),T3

Sutent (Oral Capsule),T5

Syeda (Oral Tablet),T4

Sylatron (Subcutaneous Kit),T5

Symbicort (Inhalation Aerosol),T3

Symfi (Oral Tablet),T5

Symfi Lo (Oral Tablet),T5

SymlinPen 120 (Subcutaneous Solution Pen-Injector),T5

SymlinPen 60 (Subcutaneous Solution Pen-Injector),T5

Sympazan (Oral Film),T5

Symtuza (Oral Tablet),T5

Synarel (Nasal Solution),T5

Synjardy (Oral Tablet Immediate Release),T3

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

Synribo (Subcutaneous Solution Reconstituted),T5

Synthroid (Oral Tablet),T3

T

TDVAX (Intramuscular Suspension),T3

TOBI Podhaler (Inhalation Capsule),T5

TPN Electrolytes (Intravenous Solution),T4

Tabloid (Oral Tablet),T4

Tacrolimus (External Ointment),T4

Tacrolimus (Oral Capsule),T3

Tadalafil (PAH) (20MG Oral Tablet),T5

Tafinlar (Oral Capsule),T5

Bold type = Brand name drug Plain type = Generic drug

Tagrisso (Oral Tablet),T5

Talzenna (Oral Capsule),T5

Tamoxifen Citrate (Oral Tablet),T2

Tamsulosin HCl (Oral Capsule),T1

Targretin (External Gel),T5

Tarina 24 Fe (Oral Tablet),T4

Tarina Fe 1/20 (Oral Tablet),T4

Tasigna (Oral Capsule),T5

Tazarotene (External Cream),T4

Tazicef (Injection Solution Reconstituted),T4

Tazorac (0.05% External Cream),T4

Tazorac (0.05% External Gel),T5

Tazorac (0.1% External Gel),T4

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

Tecfidera (Oral Capsule Delayed Release),T5

Tecfidera Starter Pack (Oral),T5

Tegsedi (Subcutaneous Solution Prefilled Syringe),T5

Telmisartan (Oral Tablet),T1

Telmisartan-Amlodipine (Oral Tablet),T1

Telmisartan-HCTZ (Oral Tablet),T1

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

Tenivac (Intramuscular Injectable),T3

Tenofovir Disoproxil Fumarate (Oral Tablet),T4

Terazosin HCl (Oral Capsule),T2

Terbinafine HCl (Oral Tablet),T2

Terconazole (Vaginal Cream),T3

Terconazole (Vaginal Suppository),T3

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

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

Testosterone Cypionate (Intramuscular Solution),T2

Testosterone Enanthate (Intramuscular Solution),T3

Tetrabenazine (Oral Tablet),T5

Tetracycline HCl (Oral Capsule),T4

Thalomid (Oral Capsule),T5

Theophylline (Oral Solution),T2

Theophylline ER (100MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 300MG Oral Tablet Extended Release 12 Hour),T2

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

Thioridazine HCl (Oral Tablet),T3

Thiothixene (Oral Capsule),T3

Tiagabine HCl (Oral Tablet),T4

Tibsovo (Oral Tablet),T5

Tigecycline (Intravenous Solution Reconstituted),T5

Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic),T2

Timolol Maleate (Oral Tablet),T3

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

Tinidazole (Oral Tablet),T4

Tivicay (10MG Oral Tablet),T4

Tivicay (25MG Oral Tablet, 50MG Oral Tablet),T5

Tizanidine HCl (Oral Tablet),T2

TobraDex (Ophthalmic Ointment),T3

TobraDex ST (Ophthalmic Suspension),T4

Tobramycin (Inhalation Nebulization Solution),T5

Tobramycin (Ophthalmic Solution),T2

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

Tobramycin-Dexamethasone (Ophthalmic Suspension),T3

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Tobrex (Ophthalmic Ointment),T4

Tolak (External Cream),T4

Tolcapone (Oral Tablet),T5

Topiramate (Oral Capsule Sprinkle Immediate Release),T2

Topiramate (Oral Tablet),T2

Toremifene Citrate (Oral Tablet),T5

Torsemide (Oral Tablet),T2

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

Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T3

Tracleer (Oral Tablet Soluble),T5

Tradjenta (Oral Tablet),T3

Tramadol HCl (Oral Tablet Immediate Release),T2

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

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

Tramadol-Acetaminophen (Oral Tablet),T2

Trandolapril (Oral Tablet),T1

Tranexamic Acid (Oral Tablet),T3

Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour),T4

Tranylcypromine Sulfate (Oral Tablet),T4

Travasol (Intravenous Solution),T4

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

Trazodone HCl (300MG Oral Tablet),T2

Trecator (Oral Tablet),T4

Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T3

Trelstar Mixject (Intramuscular Suspension Reconstituted),T5

Tresiba (Subcutaneous Solution),T3

Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T3

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

Tretinoin (External Cream),T4

Tretinoin (Oral Capsule),T5

Tretinoin Microsphere (External Gel),T4

Trexall (Oral Tablet),T4

Trezix (Oral Capsule),T4

Tri-Estarylla (Oral Tablet),T4

Tri-Legest Fe (Oral Tablet),T4

Tri-Lo-Estarylla (Oral Tablet),T4

Tri-Lo-Sprintec (Oral Tablet),T4

Tri-Mili (Oral Tablet),T4

Tri-Previfem (Oral Tablet),T4

Tri-Sprintec (Oral Tablet),T4

Tri-VyLibra (Oral Tablet),T4

Tri-VyLibra Lo (Oral Tablet),T4

TriLyte (Oral Solution Reconstituted),T2

Triamcinolone Acetonide (Dental Paste),T3

Triamcinolone Acetonide (External Cream),T2

Triamcinolone Acetonide (External Lotion),T2

Triamcinolone Acetonide (External Ointment),T2

Triamterene-HCTZ (Oral Capsule),T2

Triamterene-HCTZ (Oral Tablet),T2

Triderm (0.1% External Cream),T2

Trientine HCl (Oral Capsule),T5

Trifluoperazine HCl (Oral Tablet),T3

Trifluridine (Ophthalmic Solution),T3

Trihexyphenidyl HCl (Oral Elixir),T2

Trihexyphenidyl HCl (Oral Tablet),T2

Trimethoprim (Oral Tablet),T2

Trimipramine Maleate (Oral Capsule),T4

Trintellix (Oral Tablet),T4

Triumeq (Oral Tablet),T5

Trivora (28) (Oral Tablet),T4

TrophAmine (10% Intravenous Solution),T4

Trulicity (Subcutaneous Solution Pen-Injector),T3

Bold type = Brand name drug Plain type = Generic drug

Trumenba (Intramuscular Suspension Prefilled Syringe),T3

Truvada (Oral Tablet),T5

Twinrix (Intramuscular Suspension Prefilled Syringe),T3

Tybost (Oral Tablet),T4

Tykerb (Oral Tablet),T5

Tymlos (Subcutaneous Solution Pen-Injector),T5

Typhim Vi (Intramuscular Solution),T3

U

Udenyca (Subcutaneous Solution Prefilled Syringe),T5

Unithroid (100MCG Oral Tablet, 112MCG Oral Tablet, 125MCG Oral Tablet, 150MCG Oral Tablet, 175MCG Oral Tablet, 200MCG Oral Tablet, 25MCG Oral Tablet, 300MCG Oral Tablet, 50MCG Oral Tablet, 75MCG Oral Tablet, 88MCG Oral Tablet),T3

Ursodiol (Oral Capsule),T3

Ursodiol (Oral Tablet),T4

V

VAQTA (Intramuscular Suspension),T3

VP-PNV-DHA (Oral Capsule),T2

Valacyclovir HCl (Oral Tablet),T3

Valchlor (External Gel),T5

Valganciclovir HCl (Oral Solution Reconstituted),T5

Valganciclovir HCl (Oral Tablet),T5

Valproic Acid (Oral Capsule),T2

Valproic Acid (Oral Solution),T2

Valsartan (Oral Tablet),T1

Valsartan-Hydrochlorothiazide (Oral Tablet),T1

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

Vancomycin HCl (250MG Intravenous Solution Reconstituted),T4

Vancomycin HCl (Oral Capsule),T4

Vandazole (Vaginal Gel),T3

Varivax (Subcutaneous Injectable),T3

Varizig (Intramuscular Solution),T5

Vascepa (Oral Capsule),T4

Velivet (Oral Tablet),T4

Velphoro (Oral Tablet Chewable),T5

Veltassa (Oral Packet),T5

Vemlidy (Oral Tablet),T5

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

Venclexta (10MG Oral Tablet),T3

Venclexta Starting Pack (Oral Tablet Therapy Pack),T5

Venlafaxine HCl (Oral Tablet Immediate Release),T3

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

Ventavis (Inhalation Solution),T5

Verapamil HCl (Oral Tablet Immediate Release),T2

Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour),T3

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

Verapamil HCl ER (Oral Tablet Extended Release),T2

Versacloz (Oral Suspension),T5

Verzenio (Oral Tablet),T5

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

Victoza (Subcutaneous Solution Pen-

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4 T5 = Tier 5

Injector),T3

Videx (4GM Oral Solution Reconstituted),T4

Videx EC (125MG Oral Capsule Delayed Release),T4

Vienva (Oral Tablet),T4

Vigabatrin (Oral Packet),T5

Vigabatrin (Oral Tablet),T5

Vigadrone (Oral Packet),T5

Viibryd (Oral Tablet),T4

Viibryd Starter Pack (Oral Kit),T4

Vimpat (Oral Solution),T4

Vimpat (Oral Tablet),T4

Viracept (Oral Tablet),T5

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

Viread (Oral Powder),T5

Vitrakvi (Oral Capsule),T5

Vitrakvi (Oral Solution),T5

Vivitrol (Intramuscular Suspension Reconstituted),T5

Vizimpro (Oral Tablet),T5

Voriconazole (Intravenous Solution Reconstituted),T5

Voriconazole (Oral Suspension Reconstituted),T5

Voriconazole (Oral Tablet),T4

Vosevi (Oral Tablet),T5

Votrient (Oral Tablet),T5

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

Vraylar (Oral Capsule Therapy Pack),T4

VyLibra (Oral Tablet),T4

Vyfemla (Oral Tablet),T4

Vyvanse (Oral Capsule),T4

Vyvanse (Oral Tablet Chewable),T4

Vyzulta (Ophthalmic Solution),T4

W

WYMZYA Fe (Oral Tablet Chewable),T4

Warfarin Sodium (Oral Tablet),T1

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

X

Xalkori (Oral Capsule),T5

Xarelto (Oral Tablet),T3

Xarelto Starter Pack (Oral Tablet Therapy Pack),T3

Xatmep (Oral Solution),T4

Xeljanz (Oral Tablet Immediate Release),T5

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

Xgeva (Subcutaneous Solution),T5

Xifaxan (Oral Tablet),T5

Xiidra (Ophthalmic Solution),T4

Xofluza (Oral Tablet Therapy Pack),T3

Xolair (Subcutaneous Solution Prefilled Syringe),T5

Xolair (Subcutaneous Solution Reconstituted),T5

Xospata (Oral Tablet),T5

Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T3

Xtandi (Oral Capsule),T5

Xulane (Transdermal Patch Weekly),T4

Xyrem (Oral Solution),T5

Y

YF-Vax (Subcutaneous Injectable),T3

Yuvafem (Vaginal Tablet),T4

Z

Zafirlukast (Oral Tablet),T3

Zaleplon (Oral Capsule),T3

Zarah (Oral Tablet),T4

Zarxio (Injection Solution Prefilled Syringe),T5

Bold type = Brand name drug Plain type = Generic drug

Zejula (Oral Capsule),T5

Zelapar (Oral Tablet Dispersible),T5

Zelboraf (Oral Tablet),T5

Zemaira (Intravenous Solution Reconstituted),T5

Zenpep (Oral Capsule Delayed Release Particles),T3

Zerbaxa (Intravenous Solution Reconstituted),T5

Zidovudine (Oral Capsule),T3

Zidovudine (Oral Syrup),T3

Zidovudine (Oral Tablet),T3

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

Zioptan (Ophthalmic Solution),T4

Ziprasidone HCl (Oral Capsule),T3

Zirgan (Ophthalmic Gel),T4

Zolinza (Oral Capsule),T5

Zolpidem Tartrate (Oral Tablet Immediate Release),T2

Zonisamide (Oral Capsule),T2

Zorbtive (Subcutaneous Solution Reconstituted),T5

Zortress (Oral Tablet),T5

Zostavax (Subcutaneous Suspension Reconstituted),T4

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

Zyclara Pump (External Cream),T5

Zydelig (Oral Tablet),T5

Zyflo (Oral Tablet Immediate Release),T5

Zykadia (Oral Capsule),T5

Zykadia (Oral Tablet),T5

Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted),T4

Alternative Covered Drugs

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

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

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

Bold type = Brand name drug Plain type = Generic drug

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

Bold type = Brand name drug Plain type = Generic drug

AARP® | Medicare Advantage from UnitedHealthcare

Note: Alternatives are suggestions only and may or may not be appropriate depending on the specific illness being treated. Information is accurate as of August 1, 2019 and may be subject to change. Please refer to the drug list for details on drug coverage.

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

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

Y0066_ALTCOVDR_2020_M AAEX20MP4543011_000

Ready to Enroll

UHEX20MP4480786_000

How to Enroll

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

By phone

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

Online

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

By mail

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

By fax

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

Enrollment Request Form Checkpoints

- Print your name exactly as it appears on your red, white and blue Medicare card
- 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

TEAR HERE

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

- ☐ Medicare Advantage Plans (Part C) and Cost Plans
- ☐ Stand-alone Medicare Prescription Drug Plan (Part D)
- ☐ Medicare Supplement (Medigap) Plans
- ☐ 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

Medicare Advantage Plans (Part C) and Cost Plans

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

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

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

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

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

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

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

Stand-alone Medicare Prescription Drug Plans (Part D)

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

Other Related Products

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

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

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

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

Y0066_SOA_4489709_C UHEX20MP4489709_000

AARP® | Medicare Advantage from UnitedHealthcare

2020 Enrollment Request Form

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

TEAR HERE

☐ **AARP® Medicare Advantage (HMO-POS) H1045-028-000 - AA1**

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

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

☐ Mr. ☐ Mrs. ☐ Ms.	Last Name	First Name	Middle Initial
Birth Date MM-DD-YYYY		Sex ☐ Male ☐ Female	
Daytime Phone Number ( ) -		Mobile Phone Number ( ) -	

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

City	County	State	ZIP Code

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

City	County	State	ZIP Code

Email Address

TEAR HERE

Enrollee Name _____

Agent Name / ID No. _____

Y0066_190611_023600_M AAFL20PO4522801_000

This page intentionally left blank.

To select paperless delivery complete and sign the application and provide your email address.

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

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

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

TEAR HERE

Information about your Medicare.

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

☐ Fill out this information as it appears on your Medicare card.

-OR-

☐ Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card):

_____

Medicare Number:_____

Sex:_____

Is Entitled to	Effective Date
Hospital (Part A)	MM-DD-YYYY
Medical (Part B)	MM-DD-YYYY

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

TEAR HERE

How do you want to pay?

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

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

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

☐ **I want to pay from my Social Security or Railroad Retirement Board (RRB) check.**

I get monthly benefits from: ☐ Social Security ☐ RRB

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

This page intentionally left blank.

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

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

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

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

Account Type ☐ Checking ☐ Savings

Account Holder Name: _____

Bank Routing Number

Bank Account Number

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

☐ **I want to pay online.**

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

☐ **I want to pay by mail.**

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

If you want to pay by credit card.

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

TEAR HERE

TEAR HERE

This page intentionally left blank.

A few notes about your costs.

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

- ☐ You can pay it from your SS check
- ☐ Medicare can bill you
- ☐ The Railroad Retirement Board (RRB) can bill you

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

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

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

A few questions to help us manage your plan.

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

Please check what you'd like: ☐ Spanish ☐ Other_____

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

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

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

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

Name of Company _____
Member Number _____

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

If yes, please give us your Medicaid number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Enrollee Name _____

TEAR HERE

TEAR HERE

This page intentionally left blank.

4. Do you live in a nursing home or a long-term care facility? ☐ Yes ☐ No

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

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

5. Do you have health insurance with an employer or union right now? ☐ Yes ☐ No

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

6. Do you or your spouse work? ☐ Yes ☐ No

Do you or your spouse have other health insurance that will cover medical services? (Examples: Other employer group coverage, LTD coverage, Workman's Compensation, Auto Liability, or Veterans benefits) ☐ Yes ☐ No

If yes, please complete the following:

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

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

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

If yes, what is it?

Name of Other Insurance		
Member Number	Group Number	Date Plan Started MM-DD-YYYY

TEAR HERE

TEAR HERE

Ready to Enroll

This page intentionally left blank.

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

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

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

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

TEAR HERE

TEAR HERE

Please read and sign.

By completing this form, I agree to the following:

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

Enrollee Name _____

This page intentionally left blank.

or out-of-area dialysis services. If I happen to pay full price for any network or out-of-network services received, this plan provides refunds for all medically necessary covered benefits.

- If I currently have Medicare Supplement Insurance (Medigap), I will cancel it in writing. I, not my agent, must cancel. I will cancel after my new plan tells me I've been accepted into the plan.
- My plan will give my information to Medicare and other plans when needed for treatment, payment and health care operations. This may include my prescription drug information. Medicare uses the information to understand how my care was handled or billed. Other plans may need my information when they help pay for my care. Medicare may also give my information for research and other purposes. All federal laws and rules protecting my privacy will be followed.
- If I get help from a sales agent, broker or someone who has a contract with the plan, the plan may pay that person for this help.
- The information on this form is correct, to the best of my knowledge. I understand that if I put information on this form that I know is not true, I will lose 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 you have received your UnitedHealthcare member ID card, please call Customer Service at the number on the back of your UnitedHealthcare member ID card to update your authorization information on file.

Signature of Applicant/Member/Authorized Representative Today's Date MM-DD-YYYY

TEAR HERE

TEAR HERE

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 _____

This page intentionally left blank.

For licensed sales representative/agency use only.

☐ New Member
☐ Plan Change

Employer Group Name

Employer Group ID

Branch ID

Licensed Sales Representative/Writing ID

Initial Receipt Date MM-DD-YYYY

Licensed Sales Representative/Agent Name

Proposed Effective Date MM-DD-YYYY

Licensed Sales Representative Phone Number ( ) -

Where did this application originate?

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

How was this application submitted? ☐ Mail ☐ Fax ☐ Online

Agent must complete

☐ IEP (MA-PD enrollees)	☐ ICEP (MA enrollees)	☐ IEP (MA-PD enrollees eligible for 2nd IEP)	☐ OEP (Jan1 – 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) _____
☐ SEP Eligibility Date MM-DD-YYYY

Licensed Sales Representative Signature (required) **Date:** MM-DD-YYYY

TEAR HERE

TEAR HERE

Please mail or fax this completed form to:

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

Fax: 1-888-950-1170

Enrollee Name _____

This page intentionally left blank.

TEAR HERE

TEAR HERE

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

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

Y0066_190611_023600_M AAFL20PO4522801_000

This page intentionally left blank.

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 Here are some details about your new plan.

TEAR HERE

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

The name of my new plan is: _____

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

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

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

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

Proposed effective date: M M – D D – Y Y Y Y

I can cancel my enrollment in this plan before my coverage starts by calling Customer Service at _____. Once my coverage starts, I may have to wait until I have a valid election period to make a plan change.

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

TEAR HERE

Circle the correct answer: **I should / should not** have a Medicare Advantage plan and a stand-alone Medicare Part D plan at the same time. (There is one exception: Medicare Advantage Private Fee-for-Service plans that do not include prescription drug coverage.)

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

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

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

Network Information Understanding your network is important.

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

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

Provider Name	**Provider type** (PCP/Specialist/ Hospital)	**Network** (Yes/No)	**Referral** (Yes/No)

Prescription Drug Coverage Know what is covered by your prescription drug plan.

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

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

☐ I have opted to access documents electronically.

☐ I have not opted to access documents electronically at this time, but can contact the plan in the future to activate this option.

☐ I have provided an email address to provide the plan with various ways to reach me regarding important information.

☐ I do not have an email address; should I get one in the future, I can provide it to the plan to provide other ways to reach me with important information.

Contact your Licensed Sales Representative

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

[1] My actual out of pocket costs may vary based on the drug stage I am in, my drug tier level, the pharmacy I use (retail/mail-order), and if I have Extra Help.

[2] For medications that have limitations, I may need to contact the plan before I can fill my prescription. I can discuss alternatives by calling customer service to learn what other drugs might be on the drug list and by talking with my doctor or pharmacist.

2020 Enrollment Receipt

To be completed if enrolling with a Licensed Sales Representative.
Please use this as your Temporary Proof of Coverage until Medicare has confirmed your enrollment, and you receive your UnitedHealthcare® member ID card. This receipt is not a guarantee of enrollment.
This copy is for your records only. Please do not resubmit enrollment.

TEAR HERE

Applicant 1:	**Applicant 2 (if applicable):**
Name	Name
Application Date MM - DD - YYYY	Application Date MM - DD - YYYY
Proposed Effective Date MM - DD - YYYY	Proposed Effective Date MM - DD - YYYY
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)

TEAR HERE

Call your Licensed Sales Representative if you have any questions:

Licensed Sales Representative Name and ID Number

Licensed Sales Representative Phone No.

– –

RxBIN: 610097
Rx PCN: 9999
RxGRP: COS

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

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

AARP® | Medicare Advantage from UnitedHealthcare

Y0066_ER_2020_C AAFL20PO4522874_001

NOTES

NOTES

NOTES

NOTES

NOTES

Take Advantage of What's Next

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

TEAR HERE

TEAR HERE

YOU ARE HERE

Enrollment submitted

Welcome Letter and UnitedHealthcare Member ID Card

Great news — your application has been approved.

Register Online

You can go online to manage your plan.

Quick Start Guide

Get to know your plan.

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

Go online to manage your plan

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

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

Once your coverage begins

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

Thank you for choosing UnitedHealthcare®

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

Questions? We're here to help.

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

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

Learn more at
www.AARPMedicarePlans.com

AARP | Medicare Advantage from UnitedHealthcare