Alignment Health Plan®



2027

ENROLLMENT BOOK

Alignment Health My Choice 001 (PPO)
Alignment Health Balance 006 (PPO)
Alignment Health Balance Plus 004 (PPO)

NORTHERN CALIFORNIA
Santa Cruz

SOUTHERN CALIFORNIA
San Diego

CENTRAL CALIFORNIA
San Joaquin
Stanislaus

AlignmentHealthPlan.com

Y0141_27251EN_M

Alignment Health Plan®

Alignment Health Plan is a Medicare Advantage plan offering HMO, PPO and Special Needs Plans with a strong focus on care coordination and extra benefits.

INCLUDED IN THIS BOOK

Summary of Benefits

An easy-to-follow list of benefits, coverage and copayments

Dental Benefits

Details about your dental coverage

Extra Benefits

Information about extra benefits not covered by Medicare

Prescription Benefits

A guide to our drug list and ways that you can save money on your prescriptions

How To Enroll

Included are the forms needed to enroll and apply for special supplement benefits

LOOK INSIDE TO LEARN MORE!

SCOPE OF SALES APPOINTMENT CONFIRMATION FORM

Alignment Health Plan®

The Centers for Medicare and Medicaid Services requires agents to document the scope of a sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative).

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 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 and hospitals, but you can also use out-of-network providers, usually at a higher cost.

☐ **Medicare Point of Service (POS) Plan**
A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.

☐ **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.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

BENEFICIARY OR AUTHORIZED REPRESENTATIVE SIGNATURE AND SIGNATURE DATE:

Signature:_____ **Signature Date:** ☐☐/☐☐/☐☐☐☐

If you are the Authorized Representative, please sign above and print below:

Representative's Name:

Your Relationship to the Beneficiary:

TO BE COMPLETED BY AGENT

Agent Name:

Agent Phone: (☐☐☐) ☐☐☐ – ☐☐☐☐

Beneficiary Name:

Beneficiary Phone (Optional): (☐☐☐) ☐☐☐ – ☐☐☐☐

Beneficiary Address (Optional):

Initial Method of Contact (Indicate here if beneficiary was a walk-in):

Agent's Signature:

Plan(s) the agent represented during this meeting:

Date Appointment Completed: ☐☐/☐☐/☐☐☐☐

Plan Use Only:

*Scope of Appointment documentation is subject to CMS record retention requirements.
*Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:_____

Alignment Health Plan®

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

IMPORTANT INFORMATION:
2027 Medicare Star Ratings

Alignment Health Plan - H4961

For 2027, Alignment Health Plan - H4961 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★½
Health Services Rating: ★★★★☆
Drug Services Rating: ★★★★½

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

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

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

The number of stars show how well a plan performs.

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

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

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

Questions about this plan?

Contact Alignment Health Plan 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 888979-2247 (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. Pacific time. Current members please call 866-634-2247 (toll-free) or 711 (TTY).

Alignment Health Plan®

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

IMPORTANT INFORMATION:
2027 Medicare Star Ratings

Alignment Health Plan - H8832

For 2027, Alignment Health Plan - H8832 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★☆
Health Services Rating: ★★★★☆
Drug Services Rating: ★★★★½

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

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

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

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

The number of stars show how well a plan performs.

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

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

Questions about this plan?

Contact Alignment Health Plan 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 888979-2247 (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. Pacific time. Current members please call 866-634-2247 (toll-free) or 711 (TTY).

SUMMARY OF BENEFITS

An easy-to-follow list of benefits, coverage and copayments

Alignment Health Plan®

2027 SUMMARY OF BENEFITS

Alignment Health My Choice 001 (PPO)
Alignment Health Balance 006 (PPO)
Alignment Health Balance Plus 004 (PPO)

San Diego
San Joaquin
Santa Cruz
Stanislaus

This is a summary of drug and health services benefits covered by Alignment Health Plan for January 1, 2027 - December 31, 2027.

AlignmentHealthPlan.com

Y0141_27287EN_M

PREMIUMS AND BENEFITS	Alignment Health My Choice 001 (PPO) Santa Cruz and Stanislaus counties	Alignment Health Balance 006 (PPO) San Joaquin and Stanislaus counties	Alignment Health Balance Plus 004 (PPO) San Diego, San Joaquin, and Stanislaus counties
Monthly Plan Premium • Part C	**$149.00**	**$93.00**	**$7.30** or **$0.00** if you receive "Extra Help"*
Deductible	**$0.00**	**$0.00**	**$0.00**
Maximum Out-of-Pocket Responsibility (does not include prescription drugs) In-Network	**$4,200.00**	**$2,850.00**	**$9,850.00**
Out-of-Network	**$6,000.00** combined	**$5,150.00** combined	**$11,950.00** combined
Inpatient Hospital [1, 2] In-Network	**$300.00** per day, days 1-5 **$0.00** per day, days 6-90 **$0.00** per day, days 91-999 (unlimited days per admission)	**$75.00** per day, days 1-3 **$0.00** per day, days 4-90 **$0.00** per day, days 91-999 (unlimited days per admission)	**$1,736.00** deductible for each benefit period Days 1-60: **$0.00** per day of each benefit period Days 61-90: **$434.00** per day of each benefit period Days 91 and beyond: **$868.00** per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) Beyond lifetime reserve days: all costs These costs are for 2026 and may change for 2027.*
Out-of-Network	**30%** coinsurance	**20%** coinsurance	**20%** coinsurance*

PREMIUMS AND BENEFITS	Alignment Health My Choice 001 (PPO) Santa Cruz and Stanislaus counties	Alignment Health Balance 006 (PPO) San Joaquin and Stanislaus counties	Alignment Health Balance Plus 004 (PPO) San Diego, San Joaquin, and Stanislaus counties
Outpatient Hospital [1, 2] In-Network			
• Hospital Services	**$295.00**	**$200.00**	**20%** coinsurance*
• Observation Services	**$100.00**	**$0.00**	**20%** coinsurance*
Out-of-Network	**25%** coinsurance	**25%** coinsurance	**20%** coinsurance*
Ambulatory Surgical Center [1, 2] In-Network	**$0.00**	**$100.00**	**20%** coinsurance*
Out-of-Network	**30%** coinsurance	**30%** coinsurance	**20%** coinsurance*
Doctor Visits In-Network			
• Primary	**$5.00**	**$0.00**	**20%** coinsurance*
• Specialists [1, 2]	**$35.00**	**$0.00**	**20%** coinsurance*
Out-of-Network			
• Primary	**25%** coinsurance	**$25.00**	**20%** coinsurance*
• Specialists [1, 2]	**30%** coinsurance	**$25.00**	**20%** coinsurance*
Preventive Care (e.g., flu vaccine, diabetic screenings) In-Network	**$0.00**	**$0.00**	**$0.00**
Out-of-Network	**30%** coinsurance	**30%** coinsurance	**20%** coinsurance*
Emergency Care In and Out-of-Network	**$150.00** (not waived if admitted)	**$150.00** (not waived if admitted)	**20%** coinsurance* (waived if admitted within 3 days)
Urgently Needed Services In and Out-of-Network	**$0.00**	**$0.00**	**$0.00**

PREMIUMS AND BENEFITS	Alignment Health My Choice 001 (PPO) Santa Cruz and Stanislaus counties	Alignment Health Balance 006 (PPO) San Joaquin and Stanislaus counties	Alignment Health Balance Plus 004 (PPO) San Diego, San Joaquin, and Stanislaus counties
Outpatient Diagnostic [1, 2] In-Network			
• Procedures, tests, lab services	**$0.00**	**$0.00**	**20%** coinsurance*
• X-Ray	**$15.00**	**$0.00**	**20%** coinsurance*
• Diagnostic	**$150.00**	**$0.00**	**20%** coinsurance*
• Therapeutic radiology services (such as radiation treatment for cancer)	**20%** coinsurance	**20%** coinsurance	**20%** coinsurance*
Out-of-Network	**30%** coinsurance	**30%** coinsurance	**20%** coinsurance*
Hearing Services In-Network			
• Routine hearing exam	**$0.00** Medicare-covered benefits and 1 exam/fitting/ evaluation every year	**$0.00** Medicare-covered benefits and 1 exam/fitting/ evaluation every year	**$0.00** Medicare-covered benefits and 1 exam/fitting/ evaluation every year
• Hearing aids	Not covered	Not covered	**$0.00** per hearing aid, 2 hearing aids every year
Out-of-Network			
• Routine hearing exam	**30%** coinsurance	**30%** coinsurance	**20%** coinsurance*
• Hearing aids	Not covered	Not covered	**20%** coinsurance*
Dental Services [1] In-Network Diagnostic and preventive:	**$0.00** for Medicare-covered services	**$0.00** for Medicare-covered services	**20%** coinsurance* for Medicare-covered services
• Exam & Cleaning	**50%** coinsurance	**50%** coinsurance	**$0.00** for 1 every six months
• Fluoride treatment	**50%** coinsurance	**50%** coinsurance	**$0.00** for 1 every year
• X-Ray	**50%** coinsurance	**50%** coinsurance	**$0.00** for 1 every year

PREMIUMS AND BENEFITS	Alignment Health My Choice 001 (PPO) Santa Cruz and Stanislaus counties	Alignment Health Balance 006 (PPO) San Joaquin and Stanislaus counties	Alignment Health Balance Plus 004 (PPO) San Diego, San Joaquin, and Stanislaus counties
Comprehensive: • Restorative • Endodontics • Periodontics • Removable Prosthodontics • Fixed Prosthodontics • Oral and Maxillofacial Surgery	**$0.00** for Medicare-covered services	**$0.00** for Medicare-covered services	**$0.00** **$0.00** **$0.00** **$0.00** **$0.00** **$0.00** **$175.00** coverage limit every three months for comprehensive only
Out-of-Network Diagnostic and preventive: • Exam & Cleaning • Fluoride treatment • X-Ray	**60%** coinsurance **60%** coinsurance **60%** coinsurance	**60%** coinsurance **60%** coinsurance **60%** coinsurance	**20%** coinsurance*
Comprehensive:	**30%** coinsurance for Medicare-covered services	**30%** coinsurance for Medicare-covered services	**20%** coinsurance* **$175.00** coverage limit every three months for comprehensive only
Vision Services In-Network • Routine exam	**$0.00** Medicare-covered eye exams/1 routine eye exam every year	**$0.00** Medicare-covered eye exams/1 routine eye exam every year	**$0.00** Medicare-covered eye exams/1 routine eye exam every year
• Eyewear	**$150.00** coverage limit for glasses/ contacts every two years	**$200.00** coverage limit for glasses/ contacts every year	**$500.00** coverage limit for glasses/ contacts every two years

PREMIUMS AND BENEFITS	Alignment Health My Choice 001 (PPO) Santa Cruz and Stanislaus counties	Alignment Health Balance 006 (PPO) San Joaquin and Stanislaus counties	Alignment Health Balance Plus 004 (PPO) San Diego, San Joaquin, and Stanislaus counties
Out-of-Network			
• Routine exam	**30%** coinsurance	**30%** coinsurance	**20%** coinsurance*
• Eyewear	**30%** coinsurance	**30%** coinsurance	**20%** coinsurance*
Mental Health Services [1, 2]			
• Inpatient hospital	**$120.00** per day, days 1-10 **$0.00** per day, days 11-90 **$0.00** for 40 additional day limit **$0.00** for 60 "lifetime reserve days"	**$120.00** per day, days 1-10 **$0.00** per day, days 11-90 **$0.00** for 40 additional day limit **$0.00** for 60 "lifetime reserve days"	**$1,736.00** deductible for each benefit period Days 1-60: **$0.00** per day of each benefit period Days 61-90: **$434.00** per day of each benefit period Days 91 and beyond: **$868.00** per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) Beyond lifetime reserve days: all costs These costs are for 2026 and may change for 2027.*
• Mental health specialty (individual and group)	**$20.00**	**$20.00**	**20%** coinsurance*
• Psychiatric services (individual and group)	**$40.00**	**$40.00**	**20%** coinsurance*
Out-of-Network			
• Inpatient hospital	**30%** coinsurance	**30%** coinsurance	**20%** coinsurance*
• Mental health specialty (individual and group)	**30%** coinsurance	**30%** coinsurance	**20%** coinsurance*

PREMIUMS AND BENEFITS	Alignment Health My Choice 001 (PPO) Santa Cruz and Stanislaus counties	Alignment Health Balance 006 (PPO) San Joaquin and Stanislaus counties	Alignment Health Balance Plus 004 (PPO) San Diego, San Joaquin, and Stanislaus counties
• Psychiatric services (individual and group)	**30%** coinsurance	**30%** coinsurance	**20%** coinsurance*
Skilled Nursing Facility [1, 2] In-Network	**$0.00** per day, days 1-20 **$160.00** per day, days 21-51 **$0.00** per day, days 52-100 (no prior hospital stay required)	**$0.00** per day, days 1-20 **$50.00** per day, days 21-100 (no prior hospital stay required)	**$0.00** per day, days 1-20 **$217.00** per day, days 21-100 Days 101 and beyond: All costs These costs are for 2026 and may change for 2027.*
Out-of-Network	**30%** coinsurance*	**30%** coinsurance*	**20%** coinsurance*
Physical and Speech Therapy [1, 2] In-Network	**$0.00**	**$0.00**	**20%** coinsurance*
Out-of-Network	**30%** coinsurance	**30%** coinsurance	**20%** coinsurance*
Ground and Air Ambulance Services [1] In-Network	**$250.00** (waived if admitted)	**$100.00** (waived if admitted)	**20%** coinsurance* (not waived if admitted)
Out-of-Network	**30%** coinsurance	**30%** coinsurance	**20%** coinsurance* (not waived if admitted)
Transportation [1] In-Network	Not covered	**$0.00** 26 one-way trips to plan approved locations every year (within a 50-mile radius)	**$0.00** 50 one-way trips to plan approved locations every year (within a 50-mile radius)

PREMIUMS AND BENEFITS	**Alignment Health My Choice 001 (PPO)** Santa Cruz and Stanislaus counties	**Alignment Health Balance 006 (PPO)** San Joaquin and Stanislaus counties	**Alignment Health Balance Plus 004 (PPO)** San Diego, San Joaquin, and Stanislaus counties
Out-of-Network	Not covered	**30%** coinsurance	**20%** coinsurance*
Medicare Part B Drugs [1]			
In-Network	**0%** - **20%** coinsurance	**0%** - **20%** coinsurance	**0%** - **20%** coinsurance*
Out-of-Network	**30%** coinsurance	**30%** coinsurance	**20%** coinsurance*

Outpatient Prescription Drugs		
ALIGNMENT HEALTH MY CHOICE 001 (PPO) Santa Cruz and Stanislaus counties		
Part D Deductible	**$0.00**	
Part D Out of Pocket Threshold	**$2,400.00**	
Initial Coverage	Retail 30-day supply	Mail-order 100-day supply
Tier 1 (Preferred Generic Drugs):	**$0.00**	**$0.00**
Tier 2 (Generic Drugs):	**$5.00**	**$15.00**
Tier 3 (Preferred Brand Drugs):	**$40.00**	**$120.00**
Tier 4 (Non-Preferred Drugs):	**32%** coinsurance	**32%** coinsurance
Tier 5 (Specialty Tier):	**33%** coinsurance	Not covered
Tier 6 (Select Care Drugs):	**$5.00**	**$0.00**

ALIGNMENT HEALTH BALANCE 006 (PPO) San Joaquin and Stanislaus counties		
Part D Deductible	**$0.00**	
Part D Out of Pocket Threshold	**$2,400.00**	
Initial Coverage	Retail 30-day supply	Mail-order 100-day supply
Tier 1 (Preferred Generic Drugs):	**$0.00**	**$0.00**
Tier 2 (Generic Drugs):	**$3.00**	**$9.00**
Tier 3 (Preferred Brand Drugs):	**$40.00**	**$120.00**
Tier 4 (Non-Preferred Drugs):	**32%** coinsurance	**32%** coinsurance
Tier 5 (Specialty Tier):	**33%** coinsurance	Not covered
Tier 6 (Select Care Drugs):	**$3.00**	**$0.00**

ALIGNMENT HEALTH BALANCE PLUS 004 (PPO)
San Diego, San Joaquin, and Stanislaus counties

Part D Deductible	**$700.00** for Tier 3, Tier 4, and Tier 5 or **$0.00** if you receive "Extra Help"	
Part D Out of Pocket Threshold	**$2,400.00**	
Initial Coverage	Retail 30-day supply	Mail-order 100-day supply
Tier 1 (Preferred Generic Drugs):	**$0.00**	**$0.00**
Tier 2 (Generic Drugs):	**25%** coinsurance	**25%** coinsurance
Tier 3 (Preferred Brand Drugs):	**25%** coinsurance	**25%** coinsurance
Tier 4 (Non-Preferred Drugs):	**28%** coinsurance	**28%** coinsurance
Tier 5 (Specialty Tier):	**25%** coinsurance	Not covered
Tier 6 (Select Care Drugs):	**$5.00**	**$0.00**

UNDERSTANDING YOUR DRUG COVERAGE	**Alignment Health My Choice 001 (PPO)** Santa Cruz and Stanislaus counties	**Alignment Health Balance 006 (PPO)** San Joaquin and Stanislaus counties	**Alignment Health Balance Plus 004 (PPO)** San Diego, San Joaquin, and Stanislaus counties
Cost-Sharing	May vary depending on the pharmacy you choose and the payment stage of the Part D benefit you are in. If you reside in a long-term care facility, you will pay the same cost-sharing amount for a 31-day supply as you would for a 30-day supply at an in-network retail pharmacy.		
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach **$2,400.00**, you pay **$0.00** for plan-covered Part D drugs for the remainder of the year. For plans with excluded drug coverage under our enhanced benefit, you pay the same copayment as you did in the Initial Coverage Stage.		
Bonus Drugs	Additional coverage of certain drugs that are not typically covered under Part D such as generic Viagra, and select drugs within the categories of prescription vitamins, hair loss, and cough and cold products. For a complete		Bonus Drugs coverage <u>not</u> available.

UNDERSTANDING YOUR DRUG COVERAGE	Alignment Health My Choice 001 (PPO) Santa Cruz and Stanislaus counties	Alignment Health Balance 006 (PPO) San Joaquin and Stanislaus counties	Alignment Health Balance Plus 004 (PPO) San Diego, San Joaquin, and Stanislaus counties
	list of covered drugs and coverage details, please refer to the Drug List (Formulary).		
Insulin	You won't pay more than **$35.00** for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.		
Vaccines	Our plan covers most Part D vaccines at no cost to you.		

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN	Alignment Health My Choice 001 (PPO) Santa Cruz and Stanislaus counties	Alignment Health Balance 006 (PPO) San Joaquin and Stanislaus counties	Alignment Health Balance Plus 004 (PPO) San Diego, San Joaquin, and Stanislaus counties
ACCESS On-Demand Concierge Card Provides access to OTC benefits and Healthy Rewards	Included	Included	Included
Enhanced Dental Option [1, 2]			
Monthly Premium	**$40.00**	**$40.00**	Not covered
Coverage			
In-Network			
• Diagnostic	**0%** coinsurance	**0%** coinsurance	Not covered
• Restorative	**50%** coinsurance	**50%** coinsurance	
• Endodontics	**50%** coinsurance	**50%** coinsurance	
• Periodontics	**0%-50%** coinsurance	**0%-50%** coinsurance	
• Removable Prosthodontics	**50%** coinsurance	**50%** coinsurance	
• Fixed Prosthodontics	**50%** coinsurance	**50%** coinsurance	
• Oral and Maxillofacial Surgery	**50%** coinsurance	**50%** coinsurance	
Out-of-Network			
• Diagnostic	**50%** coinsurance	**50%** coinsurance	
• Restorative	**50%** coinsurance	**50%** coinsurance	
• Endodontics	**50%** coinsurance	**50%** coinsurance	
• Periodontics	**50%** coinsurance	**50%** coinsurance	
• Removable Prosthodontics	**50%** coinsurance	**50%** coinsurance	
• Fixed Prosthodontics	**50%** coinsurance	**50%** coinsurance	
• Oral and Maxillofacial Surgery	**50%** coinsurance	**50%** coinsurance	
	$1,500.00 coverage limit per year in-network and out-of-network every year	**$1,500.00** coverage limit per year in-network and out-of-network every year	
Fitness (membership(s) at participating fitness centers)	**$0.00**	**$0.00**	**$0.00**

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN	Alignment Health My Choice 001 (PPO) Santa Cruz and Stanislaus counties	Alignment Health Balance 006 (PPO) San Joaquin and Stanislaus counties	Alignment Health Balance Plus 004 (PPO) San Diego, San Joaquin, and Stanislaus counties
Personal Emergency Response System (PERS) [1, 2]	Not covered	Not covered	**$0.00**
Personalized Health Risk Screening In-Network	Not covered	**$75.00** 1 screening every two years	Not covered
Out-of-Network	Not covered	**30%** coinsurance	Not covered
Chiropractic Services [1, 2] In-Network	**$0.00** Medicare-covered	**$0.00** Medicare-covered	**20%** coinsurance* Medicare-covered **$0.00** for 12 routine visits every year (combined with Acupuncture)
Out-of-Network	**30%** coinsurance Medicare-covered	**30%** coinsurance Medicare-covered	**20%** coinsurance* Medicare-covered
Acupuncture [1, 2] In-Network	**$0.00** Medicare-covered	**$0.00** Medicare-covered	**$0.00** Medicare-covered **$0.00** for 12 routine visits every year (combined with Chiropractic)
Out-of-Network	**30%** coinsurance Medicare-covered	**30%** coinsurance Medicare-covered	**20%** coinsurance* Medicare-covered
Podiatry Services [1, 2] In-Network	**$0.00** Medicare-covered	**$0.00** Medicare-covered	**20%** coinsurance* Medicare-covered
Out-of-Network	**30%** coinsurance	**30%** coinsurance	**20%** coinsurance*

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN	**Alignment Health My Choice 001 (PPO)** Santa Cruz and Stanislaus counties	**Alignment Health Balance 006 (PPO)** San Joaquin and Stanislaus counties	**Alignment Health Balance Plus 004 (PPO)** San Diego, San Joaquin, and Stanislaus counties
Over-the-Counter (OTC)	Not covered	**$20.00** spending allowance every month (no rollover)	Not covered
Telehealth In and Out-of-Network	**$0.00** for primary care provider services **$20.00** for mental health specialty and psychiatric services	**$0.00** for primary care provider services **$20.00** for mental health specialty and psychiatric services	**$0.00** for primary care provider services **$20.00*** for mental health specialty and psychiatric services
Worldwide Emergency/ Urgent Care	**$0.00** **$25,000.00** coverage limit every year	**$0.00** **$25,000.00** coverage limit every year	**$0.00** **$25,000.00** coverage limit every year
Durable Medical Equipment (DME) [1] In-Network	**0%** coinsurance for items **$350.00** or less **20%** coinsurance for items **$350.01** or more	**0%** coinsurance for items **$350.00** or less **20%** coinsurance for items **$350.01** or more	**20%** coinsurance*
Out-of-Network	**30%** coinsurance	**30%** coinsurance	**20%** coinsurance*
Re-admission and Chronic Meals	Not covered	Not covered	**$0.00** for 28 meals over 14 days, twice per year

Extra Benefits for those with Qualifying Condition (SSBCI)

Special supplemental benefits for the chronically ill (SSBCI)-qualifying chronic conditions include congestive heart failure (CHF), chronic lung disorders, dementia, diabetes, and stroke. Other chronic conditions may apply. For Alignment Health Balance 006 (PPO) and Alignment Health Balance Plus 004 (PPO), qualifying condition is limited to end stage renal disease (ESRD). Medical records will be used to establish the member qualification. The benefits mentioned are a part of a special supplemental program for the chronically ill. Not all members qualify because other eligibility and coverage criteria also apply.

EXTRA BENEFITS YOU GET WITH ALIGNMENT HEALTH PLAN	Alignment Health My Choice 001 (PPO) Santa Cruz and Stanislaus counties	Alignment Health Balance 006 (PPO) San Joaquin and Stanislaus counties	Alignment Health Balance Plus 004 (PPO) San Diego, San Joaquin, and Stanislaus counties
Essentials Allowance For qualifying members to assist with groceries, utilities, and home safety.	Not covered	**$150.00** spending allowance every month (no rollover)	**$200.00** spending allowance every month (no rollover)
Pet Services For members who have hospital procedures or emergencies and need pet care while they are away.	**$0.00** 7 boarding days or 14 walks every year	**$0.00** 7 boarding days or 14 walks every year	**$0.00** 7 boarding days or 14 walks every year
Pest Control Annual pest eradication for covered pests to ensure the health, welfare, and safety of members.	**$0.00** **$500.00** coverage limit for 1 service every year	**$0.00** **$500.00** coverage limit for 1 service every year	**$0.00** **$500.00** coverage limit for 1 service every year

Understanding Your Plan	
Who Can Join?	**You must be enrolled in Medicare Part A and Part B and live in one of the counties listed on the cover of this booklet.**
Alignment Health Plan Members	**1-866-634-2247 (TTY 711)**
Prospective Members	**1-888-979-2247 (TTY 711)**
Hours of Operation	**October 1 – March 31:** Seven days a week from 8:00 a.m. to 8:00 p.m. except Thanksgiving and Christmas Day **April 1 – September 30:** Monday through Friday (except holidays) from 8:00 a.m. to 8:00 p.m.
Website	alignmenthealthplan.com

This plan(s) 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 situations, non-contracted providers may deny care.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. To learn more about coverage and costs of Original Medicare, look at the "Medicare & You" handbook. You can view it online at medicare.gov or request a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. This information is not a complete description of benefits. For complete details, including limitations and exclusions, please refer to the Evidence of Coverage (EOC) or call 1-866-634-2247 (TTY 711) 24 hours a day, 7 days a week.

*For those with full Medi-Cal, the copay for services may be paid in part or in full by Medi-Cal, or a third party.

Services notated with a "1" may require prior authorization. Services notated with a "2" may require a referral from your doctor. For more information on the pharmacy-specific copays, please call Alignment Health Plan Member Services Department at the phone number in this document or access your Evidence of Coverage at alignmenthealthplan.com.

This document is also available in other languages and formats.

Alignment Health Plan is an HMO, HMO POS, HMO C-SNP, HMO D-SNP and PPO plan with a Medicare contract and a contract with the California, Nevada, North Carolina, and Texas Medicaid programs. Enrollment in Alignment Health Plan depends on contract renewal. Alignment Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Dental Benefits | CA

Alignment Health Plan®

Dental Benefit & Service California	Alignment Health My Choice 001 (PPO)	Alignment Health My Choice 001 (PPO) Enhanced Dental Option
Monthly Premium	**$0**	**$40**
Network	In-Network: LIBERTY Dental Plan & Dental Guard Preferred Select Out-of-Network*	In-Network: LIBERTY Dental Plan & Dental Guard Preferred Select Out-of-Network*
Calendar Year Maximum	Not applicable	****Calendar Year Maximum (Preventive & Comprehensive)** $1,500
Covered Services, Member Cost Share, Benefit Limitations		
DIAGNOSTIC & PREVENTIVE		
• Oral Exam	**50%**, in-network **60%**, out-of-network	**0%**, in-network, **50%**, out-of-network, one per six months
• Routine Cleaning (Prophy)	**50%**, in-network **60%**, out-of-network	**0%**, in-network, **50%**, out-of-network, one per six months
• Fluoride Treatment	**50%**, in-network **60%**, out-of-network	**0%**, in-network, **50%**, out-of-network, one per six months
• X-Ray (Full Mouth or Pano)	**50%**, in-network **60%**, out-of-network	**0%**, in-network, **50%**, out-of-network, one per three years
RESTORATIVE (***Prior authorization may be required for services)		
• Amalgam Restoration (Silver Filling)	Not covered	**50%**, one per tooth every two years
• Composite Resin Restoration (White Filling)	Not covered	**50%**, one per tooth every two years
• Crown	Not covered	**50%**, one per tooth every five years, with a maximum of two crowns per calendar year
ENDODONTICS		
• Root Canal Therapy	Not covered	**50%**, one per tooth per lifetime

Dental Benefit & Service California	Alignment Health My Choice 001 (PPO)	Alignment Health My Choice 001 (PPO) Enhanced Dental Option
PERIODONTICS (***Prior authorization may be required for services)		
• Periodontal Maintenance	Not covered	**0%**, in-network, **50%**, out-of-network, one per three months
• Scaling and Root Planing (Deep Cleaning)	Not covered	**0%**, in-network, **50%**, out-of-network, one per quadrant every two years
PROSTHODONTICS (***Prior authorization may be required for services)		
• Complete Denture	Not covered	**50%**, one per five years
• Partial Denture	Not covered	**50%**, one per five years
• Retainer Crown	Not covered	**50%**, one per tooth every five years, with a maximum of two crowns per calendar year
ORAL & MAXILLOFACIAL SURGERY (***Prior authorization may be required for services)		
• Extraction	Not covered	**50%**, one per tooth per lifetime

Dental Benefit & Service California	**Alignment Health Balance Plus 004 (PPO)**	**Alignment Health Balance 006 (PPO)**	**Alignment Health Balance 006 (PPO)** Enhanced Dental Option
Monthly Premium	**$0**	**$0**	**$40**
Network	In-Network: LIBERTY Dental Plan & Dental Guard Preferred Select Out-of-Network*	In-Network: LIBERTY Dental Plan & Dental Guard Preferred Select Out-of-Network*	In-Network: LIBERTY Dental Plan & Dental Guard Preferred Select Out-of-Network*
Calendar Year Maximum	****Quarterly Allowance (Comprehensive)** $175	Not applicable	****Calendar Year Maximum (Preventive & Comprehensive)** $1,500
Covered Services, Member Cost Share, Benefit Limitations			
DIAGNOSTIC & PREVENTIVE			
• Oral Exam	**$0**, in-network, **20%**, out-of-network, one per six months	**50%**, in-network **60%**, out-of-network	**0%**, in-network, **50%**, out-of-network, one per six months
• Routine Cleaning (Prophy)	**$0**, in-network, **20%**, out-of-network, one per six months	**50%**, in-network **60%**, out-of-network	**0%**, in-network, **50%**, out-of-network, one per six months
• Fluoride Treatment	**$0**, in-network, **20%**, out-of-network, one per six months	**50%**, in-network **60%**, out-of-network	**0%**, in-network, **50%**, out-of-network, one per six months
• X-Ray (Full Mouth or Pano)	**$0**, in-network, **20%**, out-of-network, one every calendar year	**50%**, in-network **60%**, out-of-network	**0%**, in-network, **50%**, out-of-network, one per six months

Dental Benefit & Service California	Alignment Health Balance Plus 004 (PPO)	Alignment Health Balance 006 (PPO)	Alignment Health Balance 006 (PPO) Enhanced Dental Option
RESTORATIVE (***Prior authorization may be required for services)			
• Amalgam Restoration (Silver Filling)	**$0**, in-network, **20%**, out-of-network, one per tooth every two years	Not covered	**50%**, one per tooth every two years
• Composite Resin Restoration (White Filling)	**$0**, in-network, **20%**, out-of-network, one per tooth every two years	Not covered	**50%**, one per tooth every two years
• Crown	**$0**, in-network, **20%**, out-of-network, one per tooth every five years, with a maximum of two crowns per calendar year	Not covered	**50%**, one per tooth every five years
ENDODONTICS			
• Root Canal Therapy	**$0**, in-network, **20%**, out-of-network, one per tooth per lifetime	Not covered	**50%**, one per tooth per lifetime
PERIODONTICS (***Prior authorization may be required for services)			
• Periodontal Maintenance	**$0**, in-network, **20%**, out-of-network, one per six months	Not covered	**0%**, in-network, **50%**, out-of-network, one per three months
• Scaling and Root Planing (Deep Cleaning)	**$0**, in-network, **20%**, out-of-network, one per quadrant every three years	Not covered	**0%**, in-network, **50%**, out-of-network, one per quadrant every two years

Dental Benefit & Service California	Alignment Health Balance Plus 004 (PPO)	Alignment Health Balance 006 (PPO)	Alignment Health Balance 006 (PPO) Enhanced Dental Option
PROSTHODONTICS (***Prior authorization may be required for services)			
• Complete Denture	**$0**, in-network, **20%**, out-of-network, one per five years	Not covered	**50%**, one per five years
• Partial Denture	**$0**, in-network, **20%**, out-of-network, one per five years	Not covered	**50%**, one per five years
• Retainer Crown	**$0**, in-network, **20%**, out-of-network, one per tooth every five years, with a maximum of two crowns per calendar year	Not covered	**50%**, one per tooth every five years
ORAL & MAXILLOFACIAL SURGERY (***Prior authorization may be required for services)			
• Extraction	**$0**, in-network, **20%**, out-of-network, one per tooth per lifetime	Not covered	**50%**, one per tooth per lifetime

Alignment Health Plan is an HMO, HMO POS, HMO C-SNP, HMO D-SNP and PPO plan with a Medicare contract and a contract with the California, Nevada, North Carolina and Texas Medicaid programs. Enrollment in Alignment Health Plan depends on contract renewal. Alignment Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

This summary outlines the member cost-share portion (co-payment or co-insurance) for common dental procedures performed by an in-network dental provider. This plan may not cover all dental codes. For a complete list of dental codes and associated plan limitations, please refer to the Dental Guide. Any dental code which is not listed within the Dental Guide is not a covered service and is member responsibility. The Dental Guide can be found at alignmenthealthplan.com > Members > Member Forms & Resources.

*Out-of-network providers have not agreed to accept the plan's contracted provider rates and therefore may bill the member the difference between what the plan pays and the out-of-network provider's total billed charges.

**The member is responsible for any amount above the calendar year maximum for preventive and comprehensive services. Any unused amount remaining at the end of the year will expire.

***Prior authorization may be required for comprehensive (restorative, nonsurgical periodontal, prosthodontic (removable/fixed) and/or oral surgery) services.

Y0141_27330EN_M_1

EXTRA BENEFITS

Information about extra benefits not covered by Medicare

EXTRA BENEFITS

ACCESS ON-DEMAND CONCIERGE TEAM

Help is just a phone call away. Dedicated Concierge team members are standing by 24 hours a day, 7 days a week, to assist members with information about their benefits and services available to them. 1-833-242-2223 (TTY 711) 24 hours a day, 7 days a week.

OVER-THE-COUNTER (OTC) ALLOWANCE

Alignment Health Plan offers a monthly allowance to purchase eligible over-the-counter items at approved retailers. This allowance is automatically loaded onto your ACCESS On-Demand Concierge Card every month.

ACCESS ON-DEMAND CONCIERGE CARD

Alignment Health Plan provides every member with the ACCESS On-Demand Concierge Card. Use this card to purchase eligible items like over-the-counter (OTC) items, healthy groceries, home safety products and utilities. To view your balance, find eligible products and participating retailers or to order products online, log into the Alignment Health Plan Member Portal.

FITNESS

As a new member, you'll enjoy a no-cost fitness benefit through One Pass®, with access to over 20,000 gyms nationwide—including LA Fitness, Planet Fitness, YMCA, 24 Hour Fitness, Anytime Fitness and Life Time—plus over 40,000 on-demand classes online or via the mobile app. You can even sign up for more than one!

Manage Your Account Online / Member Portal

Our website makes it simple for Alignment Health Plan members to review their benefits, claims, contact the concierge team, check their ACCESS On-Demand Concierge Card balance and more! Go to alignmenthealthplan.com/members.

ACUPUNCTURE & CHIROPRACTIC SERVICES

You can receive routine acupuncture and chiropractic services at no cost through American Specialty Health. To locate a participating provider, visit www.ashlink.com/ash/AHC.

American Specialty Health.

TRANSPORTATION

Alignment Health Plan offers transportation to and from routine medical appointments, Monday through Saturday, from 5 a.m. to 8 p.m. Please schedule your ride at least two business days before your appointment.

PERSONAL EMERGENCY RESPONSE SYSTEM

With the Personal Emergency Response System, eligible members receive a device that enables them to call for help in the event of a fall or medical emergency. To request this benefit, contact your ACCESS On-Demand Concierge team.

VISION COVERAGE

Alignment Health Plan members enjoy vision benefits such as eye exams, glasses and contact lenses. Coverage varies by plan and is offered through VSP Advantage. To find a network eye doctor, go to providersearch.alignmenthealthplan.com.

For questions about any of the Extra benefits listed above, please call the ACCESS On-Demand Concierge team at 1-833-242-2223 (TTY 711). We are available 24 hours a day, 7 days a week.

DENTAL COVERAGE

Routine dental coverage is available in three ways: through the standard plan benefit with access to network providers, with a FLEX Allowance, seeing the provider of your choice or by purchasing optional supplemental coverage for an extra monthly fee. Dental coverage details are listed in the Summary of Benefits in this book. To find a dentist in your area, visit providersearch.alignmenthealthplan.com.

*Extra benefits vary by plan. Please refer to the Summary of Benefits.

For questions about any of the Extra benefits listed above, please call the ACCESS On-Demand Concierge team at 1-833-242-2223 (TTY 711). We are available 24 hours a day, 7 days a week.

SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL (SSBCI)

In addition to our standard benefits, Alignment Health Plan offers Special Supplemental Benefits for the Chronically Ill (SSBCI), providing more comprehensive coverage than Original Medicare. These benefits are designed to support members who meet all of the following criteria:

TO BE ELIGIBLE FOR SSBCI, YOU MEET ALL FOUR OF THE FOLLOWING CRITERIA:

1. Maintain active coverage with an eligible Alignment Health Plan offering SSBCI benefits.
2. Have a documented and active qualifying chronic condition within the past 12 months.
3. Require intensive care management.
4. Be at high risk for hospitalization or adverse health outcomes.

Qualifying conditions vary by plan and include congestive heart failure (CHF), chronic lung disorders, dementia, diabetes, stroke and other chronic health conditions.

SSBCI BENEFITS INCLUDE:



One general pest control service per year; $500 maximum benefit coverage limit per year.



A spending allowance for groceries, utilities and home safety improvements.



A set number of pet care services per year.

To access these benefits, your doctor must complete the SSBCI Attestation Form included in this book. Once we receive completed form, you will have access to your SSBCI benefits for the remainder of the calendar year.

Benefits vary by plan.

PHARMACY

A guide to our drug list and ways that you can save money on your prescriptions

Alignment Health Plan®

2027
DRUG LIST

Alignment Health Plan is an HMO, HMO-POS, HMO C-SNP, HMO D-SNP, and PPO plan with a Medicare contract and a contract with the Medicaid programs. Enrollment in Alignment Health Plan depends on contract renewal. The formulary, and/or pharmacy network may change at any time. You will receive notice when necessary.

Y0141_27348EN_M

2027 ALTERNATIVE COVERED DRUGS

Alignment Health Plan covers over 30,000 drugs on our formulary. If a member is currently on a drug that is not covered, there are alternative drugs on our formulary that the member could try. This is a partial list of drugs that are not covered by the plan along with alternative drugs that are covered. Members can talk to their doctor to see if the formulary alternatives listed below are appropriate. Limitations and restrictions may apply. The drug list is subject to change at any time.

Drug(s) not covered on the formulary	Drug(s) covered on the formulary	Tier (restrictions)
Basaglar Kwikpen	Lantus vial, Lantus Solostar	3 (QL)*
	Toujeo Solostar, Toujeo Max Solostar	3 (QL)*
Cequa	Cyclosporine (ophthalmic) emulsion	3 (QL)
	Xiidra	3 (QL)
	Miebo	3 (QL)
Evenity	Bonsity, teriparatide (Alvogen brand only)	5 (PA)
	Tymlos	5 (PA)
Humira	Hadlima, Hadlima Pushtouch	5 (PA, QL)
	Simlandi Autoinjector	5 (PA, QL)
Icosapent Ethyl	Vascepa	3 (QL)
Journavx	Ibuprofen tablet	1
	Meloxicam tablet	1
	Ketorolac tablet	2
	Celecoxib capsule	2
Lokelma	sodium polystyrene sulfonate powder, SPS suspension	2
	Veltassa	3 (QL)
Praluent	Repatha	3 (PA, QL)

Drug(s) not covered on the formulary	Drug(s) covered on the formulary	Tier (restrictions)
Prolia	Jubbonti	4 (PA, QL)
	Stoboclo	4 (PA, QL)
	Bildyos	4 (PA, QL)
Proventil HFA	Albuterol sulfate HFA	2 (QL)
	Ventolin HFA	3 (QL)
Tresiba vial, Tresiba Flextouch	Lantus vial, Lantus Solostar	3 (QL)*
	Toujeo Solostar, Toujeo Max Solostar	3 (QL)*
Ubrelvy	Nurtec	3 (PA, QL)
ZTlido patch	Lidocaine 5% patch	3 (PA, QL)
Test Strips & Meters: Contour, OneTouch, Accu-Chek, TrueMetrix, other brands	Freestyle Test Strips & Meters	Part B –$0 Copay

* Members won't pay more than $35.00 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

BONUS DRUG LIST

(SUPPLEMENTAL NON-PART D ELIGIBLE DRUG LIST)

Alignment Health Plan offers a Supplemental Non-Part D Eligible Drug List, also known as a Bonus Drug List, to provide additional coverage to your Part D benefit. The Bonus Drug List includes certain prescription drugs that are not normally covered in a Medicare Prescription Drug Plan. The amount you will pay will be determined by the drug tier. If you receive "Extra Help" from Medicare to pay for your prescriptions, you will not get extra help to pay for these drugs. The amount you pay when you fill a prescription for these drugs does not count toward your deductible or "total drug costs" (your payments plus any Part D plan's payments that help you qualify for catastrophic coverage). In addition, tiering exceptions do not apply to these drugs. Please refer to your Evidence of Coverage for more information.

Certain exclusions apply. Drugs available over-the-counter are not covered. Limitations and restrictions may apply. The Bonus Drug List is subject to change at any time.

2027 Alignment Health Plans (without Bonus Drug Coverage):

ARIZONA
- Alignment Health Heart & Diabetes Plus 006 (HMO C-SNP)
- Alignment Health Heart & Diabetes Plus 007 (HMO C-SNP)

CALIFORNIA
- Alignment Health Duals+ 030 (HMO D-SNP)
- Alignment Health Heart & Diabetes Plus 039 (HMO C-SNP)
- Alignment Health BreathEasy Plus 041 (HMO C-SNP)
- Alignment Health Clarity Plus 042 (HMO C-SNP)
- Alignment Health Heart & Diabetes Plus 044 (HMO C-SNP)
- Alignment Health Heart & Diabetes Plus 045 (HMO C-SNP)
- Alignment Health Heart & Diabetes 051 (HMO C-SNP)
- Alignment Health Honor Plus 060 (HMO)
- Alignment Health Balance Plus 004 (PPO)
- Central Health Harmony Plus 002 (HMO C-SNP)

NEVADA
- Alignment Health Duals+ 005 (HMO D-SNP)
- Alignment Health Heart & Diabetes Plus 006 (HMO C-SNP)

NORTH CAROLINA
- Alignment Health Duals+ 004 (HMO-POS D-SNP)
- Alignment Health Heart & Diabetes Plus 009 (HMO-POS C-SNP)

TEXAS
- Alignment Health Heart & Diabetes Plus 004 (HMO-POS C-SNP)
- Alignment Health Duals+ 007 (HMO-POS D-SNP)
- Alignment Health Duals+ 009 (HMO-POS D-SNP)

All other Alignment Health Plan plans not listed above include Bonus Drug Coverage.

Drug Name	Drug Tier	Requirements/Limits
COUGH AND COLD		
benzonatate cap 100 mg	4	
benzonatate cap 200 mg	4	
promethazine w/codeine syrup 6.25-10 mg/5ml	4	
promethazine-dm syrup 6.25-15 mg/5ml	4	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	4	
HAIR LOSS		
finasteride tab 1 mg	4	
PRESCRIPTION VITAMINS		
cyanocobalamin inj 1000 mcg/ml	4	
ergocalciferol cap 1.25 mg (50000 unit)	3	
folic acid tab 1 mg	3	
SEXUAL DYSFUNCTION		
sildenafil citrate tab 25 mg (generic for Viagra)	3	QL (6 tablets/30 days)
sildenafil citrate tab 50 mg (generic for Viagra)	3	QL (6 tablets/30 days)
sildenafil citrate tab 100 mg (generic for Viagra)	3	QL (6 tablets/30 days)
WEIGHT LOSS		
phentermine hcl cap 15 mg	4	
phentermine hcl cap 30 mg	4	
phentermine hcl cap 37.5 mg	4	
phentermine hcl tab 37.5 mg	4	

COVERED DRUGS

A

abacavir sulfate soln 20 mg/ml (base equiv), 4, QL
abacavir sulfate tab 300 mg (base equiv), 3, QL
abacavir sulfate-lamivudine tab 600-300 mg, 4, QL
ABILIFY ASIM INJ 720MG, 5, QL
ABILIFY ASIM INJ 960MG, 5, QL
ABILIFY MAIN INJ 300MG, 5, QL
ABILIFY MAIN INJ 400MG, 5, QL
abiraterone acetate tab 250 mg, 5, QL, PA
ABRYSVO INJ 120MCG, 1, QL
acamprosate calcium tab delayed release 333 mg, 4
acarbose tab 100 mg, 2, QL
acarbose tab 25 mg, 2, QL
acarbose tab 50 mg, 2, QL
acebutolol hcl cap 200 mg, 2
acebutolol hcl cap 400 mg, 2
acetaminophen w/ codeine tab 300-15 mg, 2, QL
acetaminophen w/ codeine tab 300-30 mg, 2, QL
acetaminophen w/ codeine tab 300-60 mg, 2, QL
acetazolamide cap er 12hr 500 mg, 3
acetazolamide tab 125 mg, 2
acetazolamide tab 250 mg, 2
acetic acid otic soln 2%, 2
acetylcysteine inhal soln 10%, 3, PA
acetylcysteine inhal soln 20%, 2, PA
acitretin cap 10 mg, 4, PA
acitretin cap 17.5 mg, 4, PA
acitretin cap 25 mg, 4, PA
ACTHIB INJ, 1
ACTIMMUNE INJ 2MU/0.5, 5, PA
acyclovir cap 200 mg, 2
acyclovir oint 5%, 4, QL
acyclovir sodium iv soln 50 mg/ml, 4, PA
acyclovir susp 200 mg/5ml, 3
acyclovir tab 400 mg, 2
acyclovir tab 800 mg, 2
ADACEL INJ, 1
adefovir dipivoxil tab 10 mg, 4
ADEMPAS TAB 0.5MG, 5, QL, PA
ADEMPAS TAB 1.5MG, 5, QL, PA
ADEMPAS TAB 1MG, 5, QL, PA
ADEMPAS TAB 2.5MG, 5, QL, PA
ADEMPAS TAB 2MG, 5, QL, PA
ADVAIR HFA AER 115/21, 3, QL
ADVAIR HFA AER 230/21, 3, QL
ADVAIR HFA AER 45/21, 3, QL
AIMOVIG INJ 140MG/ML, 3, QL, PA
AIMOVIG INJ 70MG/ML, 3, QL, PA
AIRSUPRA AER 90-80MCG, 3, QL
AKEEGA TAB 100/500, 5, QL, PA
AKEEGA TAB 50/500MG, 5, QL, PA
albendazole tab 200 mg, 4
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv), 2, QL
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 2, PA
albuterol sulfate soln nebu 0.5% (5 mg/ml), 2, PA
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv), 2, PA
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv), 2, PA
albuterol sulfate syrup 2 mg/5ml, 1
albuterol sulfate tab 2 mg, 4
albuterol sulfate tab 4 mg, 4
ALCLOMETASON OIN 0.05%, 2, QL
alclometasone dipropionate cream 0.05%, 2, QL
ALCOHOL PREP PAD, 2, PA
ALECENSA CAP 150MG, 5, QL, PA
alendronate sodium tab 10 mg, 1, QL
alendronate sodium tab 35 mg, 1, QL
alendronate sodium tab 70 mg, 1, QL
alfuzosin hcl tab er 24hr 10 mg, 1, QL
aliskiren fumarate tab 150 mg (base equivalent), 6, QL
aliskiren fumarate tab 300 mg (base equivalent), 6, QL
allopurinol tab 100 mg, 1
allopurinol tab 300 mg, 1
alosetron hcl tab 0.5 mg (base equiv), 4, QL, PA
alosetron hcl tab 1 mg (base equiv), 5, QL, PA
alprazolam tab 0.25 mg, 3, QL, PA
alprazolam tab 0.5 mg, 3, QL, PA
alprazolam tab 1 mg, 3, QL, PA
alprazolam tab 2 mg, 3, QL, PA
ALUNBRIG PAK, 5, QL, PA
ALUNBRIG TAB 180MG, 5, QL, PA
ALUNBRIG TAB 30MG, 5, QL, PA
ALUNBRIG TAB 90MG, 5, QL, PA
amantadine hcl cap 100 mg, 2
amantadine hcl soln 50 mg/5ml, 2
amantadine hcl tab 100 mg, 2
ambrisentan tab 10 mg, 5, QL, PA
ambrisentan tab 5 mg, 5, QL, PA
amikacin sulfate inj 500 mg/2ml (250 mg/ml), 4
AMILOR/HCTZ TAB 5-50, 2
amiloride hcl tab 5 mg, 2
amiodarone hcl tab 100 mg, 3
amiodarone hcl tab 200 mg, 1
amiodarone hcl tab 400 mg, 4
amitriptyline hcl tab 10 mg, 3
amitriptyline hcl tab 100 mg, 3
amitriptyline hcl tab 150 mg, 3
amitriptyline hcl tab 25 mg, 3
amitriptyline hcl tab 50 mg, 3
amitriptyline hcl tab 75 mg, 3

Drug coverage varies by dosage form/strength. While a drug may appear on the covered drug list, the particular dosage form/strength may not meet the coverage requirements. Please refer to the Comprehensive Formulary for detailed coverage information. Most generic drugs are listed in lower case lettering. Most brand drugs are found in all caps. For most plans, Tier 6 medications are available at $0 copay for a 90-100 day supply at all network pharmacies. Pharmacy Benefits are subject to change.

amlodipine besylate tab 10 mg (base equivalent), 1
amlodipine besylate tab 2.5 mg (base equivalent), 1
amlodipine besylate tab 5 mg (base equivalent), 1
amlodipine besylate-atorvastatin calcium tab 10-10 mg, 6
amlodipine besylate-atorvastatin calcium tab 10-20 mg, 6
amlodipine besylate-atorvastatin calcium tab 10-40 mg, 6
amlodipine besylate-atorvastatin calcium tab 10-80 mg, 6
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 6
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg, 6
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg, 6
amlodipine besylate-atorvastatin calcium tab 5-10 mg, 6
amlodipine besylate-atorvastatin calcium tab 5-20 mg, 6
amlodipine besylate-atorvastatin calcium tab 5-40 mg, 6
amlodipine besylate-atorvastatin calcium tab 5-80 mg, 6
amlodipine besylate-benazepril hcl cap 10-20 mg, 6
amlodipine besylate-benazepril hcl cap 10-40 mg, 6
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 6
amlodipine besylate-benazepril hcl cap 5-10 mg, 6
amlodipine besylate-benazepril hcl cap 5-20 mg, 6
amlodipine besylate-benazepril hcl cap 5-40 mg, 6
amlodipine besylate-olmesartan medoxomil tab 10-20 mg, 6, QL
amlodipine besylate-olmesartan medoxomil tab 10-40 mg, 6, QL
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 6, QL
amlodipine besylate-olmesartan medoxomil tab 5-40 mg, 6, QL
amlodipine besylate-valsartan tab 10-160 mg, 6, QL
amlodipine besylate-valsartan tab 10-320 mg, 6, QL
amlodipine besylate-valsartan tab 5-160 mg, 6, QL
amlodipine besylate-valsartan tab 5-320 mg, 6, QL
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg, 6, QL
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg, 6, QL
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg, 6, QL
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 6, QL
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg, 6, QL
amoxapine tab 100 mg, 4
amoxapine tab 150 mg, 4
amoxapine tab 25 mg, 4
amoxapine tab 50 mg, 4
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 2
amoxicillin & k clavulanate for susp 400-57 mg/5ml, 2
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml, 2
amoxicillin & k clavulanate tab 250-125 mg, 2
amoxicillin & k clavulanate tab 500-125 mg, 1
amoxicillin & k clavulanate tab 875-125 mg, 1
amoxicillin (trihydrate) cap 250 mg, 1
amoxicillin (trihydrate) cap 500 mg, 1
amoxicillin (trihydrate) for susp 125 mg/5ml, 1
amoxicillin (trihydrate) for susp 200 mg/5ml, 1
amoxicillin (trihydrate) for susp 250 mg/5ml, 1
amoxicillin (trihydrate) for susp 400 mg/5ml, 1
amoxicillin (trihydrate) tab 500 mg, 1
amoxicillin (trihydrate) tab 875 mg, 1
amphetamine-dextroamphetamine cap er 24hr 10 mg, 3, QL
amphetamine-dextroamphetamine cap er 24hr 15 mg, 3, QL
amphetamine-dextroamphetamine cap er 24hr 20 mg, 3, QL
amphetamine-dextroamphetamine cap er 24hr 25 mg, 3, QL
amphetamine-dextroamphetamine cap er 24hr 30 mg, 3, QL
amphetamine-dextroamphetamine cap er 24hr 5 mg, 3, QL
amphetamine-dextroamphetamine tab 10 mg, 2, QL
amphetamine-dextroamphetamine tab 12.5 mg, 2, QL
amphetamine-dextroamphetamine tab 15 mg, 2, QL
amphetamine-dextroamphetamine tab 20 mg, 2, QL
amphetamine-dextroamphetamine tab 30 mg, 2, QL
amphetamine-dextroamphetamine tab 5 mg, 2, QL
amphetamine-dextroamphetamine tab 7.5 mg, 2, QL
amphotericin b liposome iv for susp 50 mg, 5, PA
AMPHOTERICIN INJ 50MG, 3, PA
ampicillin & sulbactam sodium for inj 3 (2-1) gm, 4
ampicillin cap 500 mg, 2
ampicillin sodium for inj 1 gm, 4
ampicillin sodium for inj 2 gm, 4
ampicillin sodium for iv soln 10 gm, 4

ACRONYM GUIDE:

PA = Prior Authorization
QL = Quantity Limits
ST = Step Therapy
T1 = Preferred Generic Drugs
T2 = Generic Drugs
T3 = Preferred Brand Drugs
T4 = Non-Preferred Drugs
T5 = Specialty Drugs
T6 = Select Care Drugs

anagrelide hcl cap 0.5 mg, 2
anagrelide hcl cap 1 mg, 3
anastrozole tab 1 mg, 2
ANORO ELLIPT AER 62.5-25, 3, QL
APAP/CODEINE SOL 120-12/5, 2, QL
aprepitant capsule 125 mg, 4, PA
aprepitant capsule 40 mg, 4, PA
aprepitant capsule 80 mg, 4, PA
aprepitant capsule therapy pack 80 & 125 mg, 4, PA
APTIVUS CAP 250MG, 5, QL
ARANELLE TAB, 2
ARANESP INJ 100MCG, 5, PA
ARANESP INJ 10MCG, 4, PA
ARANESP INJ 150MCG, 5, PA
ARANESP INJ 200MCG, 5, PA
ARANESP INJ 25MCG, 4, PA
ARANESP INJ 300MCG, 5, PA
ARANESP INJ 40MCG, 4, PA
ARANESP INJ 500MCG, 5, PA
ARANESP INJ 60MCG , 4, PA
ARANESP INJ 60MCG PREFILLED SYRINGE, 5, PA
arbirtega tab 250 mg, 4, QL, PA
ARCALYST INJ 220MG, 5, QL, PA
AREXVY INJ 120MCG, 1, QL
ARIKAYCE SUS, 5, QL, PA
aripiprazole oral solution 1 mg/ml, 4, QL, PA
aripiprazole orally disintegrating tab 10 mg, 4, QL, PA
aripiprazole orally disintegrating tab 15 mg, 4, QL, PA
aripiprazole tab 10 mg, 2, QL
aripiprazole tab 15 mg, 2, QL
aripiprazole tab 2 mg, 2, QL
aripiprazole tab 20 mg, 2, QL
aripiprazole tab 30 mg, 2, QL
aripiprazole tab 5 mg, 2, QL
ARISTADA INJ 1064MG, 5, QL
ARISTADA INJ 441MG/1., 5, QL
ARISTADA INJ 662MG/2, 5, QL
ARISTADA INJ 882MG/3, 5, QL
ARISTADA INJ INITIO, 5, QL
armodafinil tab 150 mg, 3, QL, PA
armodafinil tab 200 mg, 3, QL, PA
armodafinil tab 250 mg, 3, QL, PA
armodafinil tab 50 mg, 3, QL, PA
ARNUITY ELPT INH 100MCG, 3, QL
ARNUITY ELPT INH 200MCG, 3, QL
ARNUITY ELPT INH 50MCG, 3, QL
asenapine maleate sl tab 10 mg (base equiv), 4, QL, PA
asenapine maleate sl tab 2.5 mg (base equiv), 4, QL, PA
asenapine maleate sl tab 5 mg (base equiv), 4, QL, PA
ASMANEX 120 AER 220MCG, 3, QL
ASMANEX 30 AER 110MCG, 3, QL
ASMANEX 30 AER 220MCG, 3, QL
ASMANEX 60 AER 220MCG, 3, QL
ASMANEX HFA AER 100 MCG, 3, QL
ASMANEX HFA AER 200 MCG, 3, QL
ASMANEX HFA AER 50MCG, 3, QL
aspirin-dipyridamole cap er 12hr 25-200 mg, 4
atazanavir sulfate cap 150 mg (base equiv), 4, QL
atazanavir sulfate cap 200 mg (base equiv), 4, QL
atazanavir sulfate cap 300 mg (base equiv), 4, QL
atenolol & chlorthalidone tab 100-25 mg, 1
atenolol & chlorthalidone tab 50-25 mg, 1
atenolol tab 100 mg, 1
atenolol tab 25 mg, 1
atenolol tab 50 mg, 1
atomoxetine hcl cap 10 mg (base equiv), 4, QL
atomoxetine hcl cap 100 mg (base equiv), 4, QL
atomoxetine hcl cap 18 mg (base equiv), 4, QL
atomoxetine hcl cap 25 mg (base equiv), 4, QL
atomoxetine hcl cap 40 mg (base equiv), 4, QL
atomoxetine hcl cap 60 mg (base equiv), 4, QL
atomoxetine hcl cap 80 mg (base equiv), 4, QL
atorvastatin calcium tab 10 mg (base equivalent), 6, QL
atorvastatin calcium tab 20 mg (base equivalent), 6, QL
atorvastatin calcium tab 40 mg (base equivalent), 6, QL
atorvastatin calcium tab 80 mg (base equivalent), 6, QL
atovaquone susp 750 mg/5ml, 4, QL, PA
atovaquone-proguanil hcl tab 250-100 mg, 3
atovaquone-proguanil hcl tab 62.5-25 mg, 2
atropine sulfate ophth soln 1%, 2
AUGTYRO CAP 160MG, 5, QL, PA
AUGTYRO CAP 40MG, 5, QL, PA
AUSTEDO TAB 12MG, 5, QL, PA
AUSTEDO TAB 6MG, 5, QL, PA
AUSTEDO TAB 9MG, 5, QL, PA
AUSTEDO XR TAB 12MG, 5, QL, PA
AUSTEDO XR TAB 18MG, 5, QL, PA
AUSTEDO XR TAB 24MG, 5, QL, PA
AUSTEDO XR TAB 30MG, 5, QL, PA
AUSTEDO XR TAB 36MG, 5, QL, PA
AUSTEDO XR TAB 42MG, 5, QL, PA
AUSTEDO XR TAB 48MG, 5, QL, PA
AUSTEDO XR TAB 6MG, 5, QL, PA
AUSTEDO XR TAB TITR KIT, 5, QL, PA
AUVELITY TAB 45-105MG, 5, QL
AVMAPKI PAK FAKZYNJA, 5, QL, PA
AYVAKIT TAB 100MG, 5, QL, PA
AYVAKIT TAB 200MG, 5, QL, PA
AYVAKIT TAB 25MG, 5, QL, PA
AYVAKIT TAB 300MG, 5, QL, PA
AYVAKIT TAB 50MG, 5, QL, PA
azathioprine tab 50 mg, 2, PA
azelaic acid gel 15%, 4
azelastine hcl nasal spray 0.1% (137 mcg/spray), 2, QL
azelastine hcl ophth soln 0.05%, 2

Drug coverage varies by dosage form/strength. While a drug may appear on the covered drug list, the particular dosage form/strength may not meet the coverage requirements. Please refer to the Comprehensive Formulary for detailed coverage information. Most generic drugs are listed in lower case lettering. Most brand drugs are found in all caps. For most plans, Tier 6 medications are available at $0 copay for a 90-100 day supply at all network pharmacies. Pharmacy Benefits are subject to change.

azithromycin for susp 100 mg/5ml, 2
azithromycin for susp 200 mg/5ml, 2
azithromycin iv for soln 500 mg, 4
azithromycin tab 250 mg, 1
azithromycin tab 500 mg, 1
azithromycin tab 600 mg, 2
aztreonam for inj 1 gm, 4
aztreonam for inj 2 gm, 4

B

BACIT/POLYMY OIN OP, 2
baclofen tab 10 mg, 1
baclofen tab 20 mg, 2
baclofen tab 5 mg, 2
balsalazide disodium cap 750 mg, 3
BALVERSA TAB 3MG, 5, QL, PA
BALVERSA TAB 4MG, 5, QL, PA
BALVERSA TAB 5MG, 5, QL, PA
BAQSIMI ONE POW 3MG/DOSE, 4, QL
BARACLUDE SOL, 4
BCG VACCINE INJ 50MG, 1
BD PEN NEEDL MIS 29GX12.7, 2, PA
benazepril & hydrochlorothiazide tab 10-12.5 mg, 6
benazepril & hydrochlorothiazide tab 20-12.5 mg, 6
benazepril & hydrochlorothiazide tab 20-25 mg, 6
benazepril & hydrochlorothiazide tab 5-6.25 mg, 6
benazepril hcl tab 10 mg, 6
benazepril hcl tab 20 mg, 6
benazepril hcl tab 40 mg, 6
benazepril hcl tab 5 mg, 6
BENLYSTA INJ 200MG/ML, 5, QL, PA
benzoyl peroxide-erythromycin gel 5-3%, 4
benztropine mesylate tab 0.5 mg, 3, PA
benztropine mesylate tab 1 mg, 3, PA
benztropine mesylate tab 2 mg, 3, PA
BESIVANCE SUS 0.6%, 3
BESREMI SOL 500MCG, 5, QL, PA
BETA DIPROP GEL 0.05%, 3, QL
betaine powder for oral solution, 5
BETAMETH VAL LOT 0.1%, 3, QL
betamethasone dipropionate augmented cream 0.05%, 2, QL
betamethasone dipropionate augmented lotion 0.05%, 3, QL
betamethasone dipropionate augmented oint 0.05%, 3, QL
betamethasone dipropionate cream 0.05%, 3, QL
betamethasone dipropionate lotion 0.05%, 2, QL
betamethasone dipropionate oint 0.05%, 3, QL
betamethasone valerate cream 0.1% (base equivalent), 2, QL
betamethasone valerate oint 0.1% (base equivalent), 2, QL
BETAXOLOL SOL 0.5% OP, 3
betaxolol hcl tab 10 mg, 2
betaxolol hcl tab 20 mg, 2
bethanechol chloride tab 10 mg, 2
bethanechol chloride tab 25 mg, 2
bethanechol chloride tab 5 mg, 2
bethanechol chloride tab 50 mg, 2
bexarotene cap 75 mg, 5, PA
bexarotene gel 1%, 5, QL, PA
BEXSERO INJ, 1
bicalutamide tab 50 mg, 2
BICILLIN L-A INJ 1200000, 4
BICILLIN L-A INJ 2400000, 4
BICILLIN L-A INJ 600000, 4
BIKTARVY TAB, 5, QL
BILDYOS INJ 60MG/ML, 4, QL, PA
BILPREVDA INJ 120/1.7, 5, QL, PA
bimatoprost ophth soln 0.01%, 4, QL
bimatoprost ophth soln 0.03%, 3, QL
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg, 4
bisoprolol & hydrochlorothiazide tab 10-6.25 mg, 1
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 1
bisoprolol & hydrochlorothiazide tab 5-6.25 mg, 1
bisoprolol fumarate tab 10 mg, 2
bisoprolol fumarate tab 5 mg, 2
BONSITY INJ 560/2.24, 5, PA
BOOSTRIX INJ, 1
BOSULIF CAP 100MG, 5, QL, PA
BOSULIF CAP 50MG, 5, QL, PA
BOSULIF TAB 100MG, 5, QL, PA
BOSULIF TAB 400MG, 5, QL, PA
BOSULIF TAB 500MG, 5, QL, PA
BRAFTOVI CAP 75MG, 5, QL, PA
BREO ELLIPTA INH 100-25, 3, QL
BREO ELLIPTA INH 200-25, 3, QL
BREO ELLIPTA INH 50-25MCG, 3, QL
BREZTRI AERO AER 9MCG, 3, QL
brimonidine tartrate ophth soln 0.1%, 3
brimonidine tartrate ophth soln 0.15%, 3
brimonidine tartrate ophth soln 0.2%, 1
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%, 3
brinzolamide ophth susp 1%, 4
brivaracetam oral soln 10 mg/ml, 4, QL
brivaracetam tab 10 mg, 4, QL
brivaracetam tab 100 mg, 4, QL
brivaracetam tab 25 mg, 4, QL
brivaracetam tab 50 mg, 4, QL
brivaracetam tab 75 mg, 4, QL
bromfenac sodium ophth soln 0.07% (base equivalent), 3
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily), 4
bromocriptine mesylate cap 5 mg (base equivalent), 3
bromocriptine mesylate tab 2.5 mg (base equivalent), 3
BRUKINSA TAB 160MG, 5, QL, PA
budesonide delayed release particles cap 3 mg, 4, QL
budesonide inhalation susp 0.25 mg/2ml, 3, PA
budesonide inhalation susp 0.5 mg/2ml, 3, PA
budesonide inhalation susp 1 mg/2ml, 3, PA
budesonide tab er 24hr 9 mg, 5, QL, PA
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act, 3, QL

ACRONYM GUIDE:

PA = Prior Authorization
QL = Quantity Limits
ST = Step Therapy
T1 = Preferred Generic Drugs
T2 = Generic Drugs
T3 = Preferred Brand Drugs
T4 = Non-Preferred Drugs
T5 = Specialty Drugs
T6 = Select Care Drugs

budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 3, QL
bumetanide inj 0.25 mg/ml, 4
bumetanide tab 0.5 mg, 2
bumetanide tab 1 mg, 2
bumetanide tab 2 mg, 2
buprenorphine hcl sl tab 2 mg (base equiv), 2, QL
buprenorphine hcl sl tab 8 mg (base equiv), 2, QL
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv), 4, QL
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv), 4, QL
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 4, QL
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv), 4, QL
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv), 2, QL
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv), 2, QL
buprenorphine td patch weekly 10 mcg/hr, 4, QL
buprenorphine td patch weekly 15 mcg/hr, 4, QL
buprenorphine td patch weekly 20 mcg/hr, 4, QL
buprenorphine td patch weekly 5 mcg/hr, 4, QL
buprenorphine td patch weekly 7.5 mcg/hr, 4, QL
bupropion hcl (smoking deterrent) tab er 12hr 150 mg, 2, QL
bupropion hcl tab 100 mg, 2, QL
bupropion hcl tab 75 mg, 2, QL
bupropion hcl tab er 12hr 100 mg, 2, QL
bupropion hcl tab er 12hr 150 mg, 2, QL
bupropion hcl tab er 12hr 200 mg, 2, QL
bupropion hcl tab er 24hr 150 mg, 2, QL
bupropion hcl tab er 24hr 300 mg, 2, QL
buspirone hcl tab 10 mg, 1
buspirone hcl tab 15 mg, 1
buspirone hcl tab 30 mg, 2
buspirone hcl tab 5 mg, 1
buspirone hcl tab 7.5 mg, 2
butalbital-acetaminophen-caffeine cap 50-300-40 mg, 3, QL
butalbital-acetaminophen-caffeine tab 50-325-40 mg, 3, QL
butalbital-aspirin-caffeine cap 50-325-40 mg, 3, QL
butorphanol tartrate nasal soln 10 mg/ml, 3, QL

C

cabergoline tab 0.5 mg, 3
CABOMETYX TAB 20MG, 5, QL, PA
CABOMETYX TAB 40MG, 5, QL, PA
CABOMETYX TAB 60MG, 5, QL, PA
CALCIPOTRIEN SOL 0.005%, 3, QL
calcipotriene cream 0.005%, 4, QL
calcipotriene oint 0.005%, 4, QL
calcitonin (salmon) nasal soln 200 unit/act, 2
calcitriol cap 0.25 mcg, 2
calcitriol cap 0.5 mcg, 2
calcitriol oral soln 1 mcg/ml, 3
calcium acetate (phosphate binder) tab 667 mg, 3
CALQUENCE TAB 100MG, 5, QL, PA
candesartan cilexetil tab 16 mg, 6, QL
candesartan cilexetil tab 32 mg, 6, QL
candesartan cilexetil tab 4 mg, 6, QL
candesartan cilexetil tab 8 mg, 6, QL
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 6, QL
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg, 6, QL
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg, 6, QL
CAPLYTA CAP 10.5MG, 5, QL
CAPLYTA CAP 21MG, 5, QL
CAPLYTA CAP 42MG, 5, QL
CAPRELSA TAB 100MG, 5, QL, PA
CAPRELSA TAB 300MG, 5, QL, PA
captopril tab 100 mg, 6
captopril tab 12.5 mg, 6
captopril tab 25 mg, 6
captopril tab 50 mg, 6
carbamazepine cap er 12hr 100 mg, 3
carbamazepine cap er 12hr 200 mg, 3
carbamazepine cap er 12hr 300 mg, 3
carbamazepine chew tab 100 mg, 2
carbamazepine susp 100 mg/5ml, 2
carbamazepine tab 200 mg, 2
carbamazepine tab er 12hr 100 mg, 3
carbamazepine tab er 12hr 200 mg, 3
carbamazepine tab er 12hr 400 mg, 3
carbidopa & levodopa orally disintegrating tab 10-100 mg, 2
carbidopa & levodopa orally disintegrating tab 25-100 mg, 2
carbidopa & levodopa orally disintegrating tab 25-250 mg, 2
carbidopa & levodopa tab 10-100 mg, 2
carbidopa & levodopa tab 25-100 mg, 2
carbidopa & levodopa tab 25-250 mg, 2
carbidopa & levodopa tab er 25-100 mg, 2
carbidopa & levodopa tab er 50-200 mg, 2
carbidopa tab 25 mg, 4
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 4
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg, 4
carbidopa-levodopa-entacapone tabs 25-100-200 mg, 4
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg, 4
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg, 4
carbidopa-levodopa-entacapone tabs 50-200-200 mg, 4
carglumic acid soluble tab 200 mg, 5, PA
carisoprodol tab 350 mg, 2
CARTEOLOL SOL 1% OP, 1
carvedilol phosphate cap er 24hr 10 mg, 4

Drug coverage varies by dosage form/strength. While a drug may appear on the covered drug list, the particular dosage form/strength may not meet the coverage requirements. Please refer to the Comprehensive Formulary for detailed coverage information. Most generic drugs are listed in lower case lettering. Most brand drugs are found in all caps. For most plans, Tier 6 medications are available at $0 copay for a 90-100 day supply at all network pharmacies. Pharmacy Benefits are subject to change.

carvedilol phosphate cap er 24hr 20 mg, 4
carvedilol phosphate cap er 24hr 40 mg, 4
carvedilol phosphate cap er 24hr 80 mg, 4
carvedilol tab 12.5 mg, 1
carvedilol tab 25 mg, 1
carvedilol tab 3.125 mg, 1
carvedilol tab 6.25 mg, 1
caspofungin acetate for iv soln 50 mg, 4
caspofungin acetate for iv soln 70 mg, 4
CAYSTON INH 75MG, 5, QL, PA
CEFACLOR CAP 250MG, 2
CEFACLOR CAP 500MG, 2
CEFADROXIL TAB 1GM, 2
cefadroxil cap 500 mg, 2
cefadroxil for susp 250 mg/5ml, 2
cefadroxil for susp 500 mg/5ml, 2
cefazolin sodium for inj 1 gm, 4
cefazolin sodium for inj 10 gm, 4
cefazolin sodium for inj 500 mg, 4
cefdinir cap 300 mg, 2
cefdinir for susp 125 mg/5ml, 2
cefdinir for susp 250 mg/5ml, 2
cefepime hcl for inj 1 gm, 4
cefepime hcl for iv soln 2 gm, 4
cefixime cap 400 mg, 4
cefoxitin sodium for iv soln 1 gm, 4
cefoxitin sodium for iv soln 10 gm, 4
cefoxitin sodium for iv soln 2 gm, 4
CEFPODO PROX SUS 100/5ML, 3
CEFPODO PROX SUS 50MG/5ML, 2
cefpodoxime proxetil tab 100 mg, 3
cefpodoxime proxetil tab 200 mg, 3
cefprozil for susp 125 mg/5ml, 2
cefprozil for susp 250 mg/5ml, 3
cefprozil tab 250 mg, 2
cefprozil tab 500 mg, 2
ceftaroline fosamil for iv soln 400 mg, 5
ceftaroline fosamil for iv soln 600 mg, 5
CEFTAZIDIME INJ 6GM, 4
ceftazidime for inj 1 gm, 4
ceftazidime for iv soln 2 gm, 4
ceftriaxone sodium for inj 1 gm, 4
ceftriaxone sodium for inj 10 gm, 4
ceftriaxone sodium for inj 2 gm, 4
ceftriaxone sodium for inj 250 mg, 4
ceftriaxone sodium for inj 500 mg, 4
cefuroxime axetil tab 250 mg, 2
cefuroxime axetil tab 500 mg, 2
cefuroxime sodium for inj 750 mg, 4
cefuroxime sodium for iv soln 1.5 gm, 4
celecoxib cap 100 mg, 2, QL
celecoxib cap 200 mg, 2, QL
celecoxib cap 400 mg, 2, QL
celecoxib cap 50 mg, 2, QL
cephalexin cap 250 mg, 1
cephalexin cap 500 mg, 1
cephalexin cap 750 mg, 3
cephalexin for susp 125 mg/5ml, 2
cephalexin for susp 250 mg/5ml, 2
cevimeline hcl cap 30 mg, 4
CHEMET CAP 100MG, 5
chlorhexidine gluconate soln 0.12%, 1
CHLOROQUINE TAB 250MG, 2
chloroquine phosphate tab 500 mg, 2
chlorpromazine hcl conc 100 mg/ml, 4, PA
chlorpromazine hcl conc 30 mg/ml, 4, PA
chlorpromazine hcl tab 10 mg, 4, PA
chlorpromazine hcl tab 100 mg, 4, PA
chlorpromazine hcl tab 200 mg, 4, PA
chlorpromazine hcl tab 25 mg, 4, PA
chlorpromazine hcl tab 50 mg, 4, PA
chlorthalidone tab 25 mg, 2
chlorthalidone tab 50 mg, 2
cholestyramine light powder packets 4 gm, 2
cholestyramine powder packets 4 gm, 2
choline fenofibrate cap dr 135 mg (fenofibric acid equiv), 2, QL
choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 2, QL
ciclopirox gel 0.77%, 3, QL
ciclopirox olamine cream 0.77% (base equiv), 2, QL
ciclopirox olamine susp 0.77% (base equiv), 2, QL
ciclopirox shampoo 1%, 3, QL
ciclopirox solution 8%, 2, QL
cilostazol tab 100 mg, 2
cilostazol tab 50 mg, 2
CIMDUO TAB 300-300, 5, QL
cimetidine tab 200 mg, 2
cimetidine tab 300 mg, 2
cimetidine tab 400 mg, 2
cimetidine tab 800 mg, 2
cinacalcet hcl tab 30 mg (base equiv), 4, PA
cinacalcet hcl tab 60 mg (base equiv), 4, PA
cinacalcet hcl tab 90 mg (base equiv), 4, PA
ciprofloxacin hcl ophth soln 0.3% (base equivalent), 2
ciprofloxacin hcl tab 250 mg (base equiv), 1
ciprofloxacin hcl tab 500 mg (base equiv), 1
ciprofloxacin hcl tab 750 mg (base equiv), 1
ciprofloxacin-dexamethasone otic susp 0.3-0.1%, 4
CIPROFLOXACN INJ 200MG, 2
citalopram hydrobromide oral soln 10 mg/5ml, 3, QL
citalopram hydrobromide tab 10 mg (base equiv), 1, QL
citalopram hydrobromide tab 20 mg (base equiv), 1, QL
citalopram hydrobromide tab 40 mg (base equiv), 1, QL
CLARITHROMYC SUS 125/5ML, 2
CLARITHROMYC SUS 250/5ML, 3
clarithromycin tab 250 mg, 2
clarithromycin tab 500 mg, 2
clarithromycin tab er 24hr 500 mg, 2
clindamycin hcl cap 150 mg, 2
clindamycin hcl cap 300 mg, 2
clindamycin hcl cap 75 mg, 2
clindamycin phosphate gel 1% (twice-daily), 4

ACRONYM GUIDE:

PA = Prior Authorization
QL = Quantity Limits
ST = Step Therapy
T1 = Preferred Generic Drugs
T2 = Generic Drugs
T3 = Preferred Brand Drugs
T4 = Non-Preferred Drugs
T5 = Specialty Drugs
T6 = Select Care Drugs

clindamycin phosphate in d5w iv soln 300 mg/50ml, 4
clindamycin phosphate in d5w iv soln 600 mg/50ml, 4
clindamycin phosphate in d5w iv soln 900 mg/50ml, 4
clindamycin phosphate inj 300 mg/2ml, 4
clindamycin phosphate inj 600 mg/4ml, 4
clindamycin phosphate inj 900 mg/6ml, 4
clindamycin phosphate lotion 1%, 3
clindamycin phosphate soln 1%, 3
clindamycin phosphate swab 1%, 3
clindamycin phosphate vaginal cream 2%, 3
clindamycin phosphate-benzoyl peroxide gel 1-5%, 4
clobazam suspension 2.5 mg/ml, 3, QL, PA
clobazam tab 10 mg, 3, QL, PA
clobazam tab 20 mg, 3, QL, PA
clobetasol propionate cream 0.05%, 4, QL
clobetasol propionate emollient base cream 0.05%, 4, QL
clobetasol propionate gel 0.05%, 4, QL
clobetasol propionate lotion 0.05%, 4, QL
clobetasol propionate oint 0.05%, 4, QL
clobetasol propionate shampoo 0.05%, 4, QL
clobetasol propionate soln 0.05%, 4, QL
clomipramine hcl cap 25 mg, 4
clomipramine hcl cap 50 mg, 4
clomipramine hcl cap 75 mg, 4
clonazepam orally disintegrating tab 0.125 mg, 4, QL
clonazepam orally disintegrating tab 0.25 mg, 4, QL
clonazepam orally disintegrating tab 0.5 mg, 4, QL
clonazepam orally disintegrating tab 1 mg, 4, QL
clonazepam orally disintegrating tab 2 mg, 4, QL
clonazepam tab 0.5 mg, 4, QL
clonazepam tab 1 mg, 4, QL
clonazepam tab 2 mg, 4, QL
clonidine hcl tab 0.1 mg, 1
clonidine hcl tab 0.2 mg, 1
clonidine hcl tab 0.3 mg, 1
clonidine hcl tab er 12hr 0.1 mg, 3, QL
clonidine td patch weekly 0.1 mg/24hr, 3
clonidine td patch weekly 0.2 mg/24hr, 3
clonidine td patch weekly 0.3 mg/24hr, 3
clopidogrel bisulfate tab 75 mg (base equiv), 1
clorazepate dipotassium tab 15 mg, 4, QL
clorazepate dipotassium tab 3.75 mg, 4, QL
clorazepate dipotassium tab 7.5 mg, 4, QL
CLOTRIM/BETA LOT DIPROP, 3
clotrimazole cream 1%, 2
clotrimazole soln 1%, 2
clotrimazole troche 10 mg, 2
clotrimazole w/ betamethasone cream 1-0.05%, 2
clozapine orally disintegrating tab 100 mg, 4, QL, PA
clozapine orally disintegrating tab 12.5 mg, 4, QL, PA
clozapine orally disintegrating tab 150 mg, 4, QL, PA
clozapine orally disintegrating tab 200 mg, 4, QL, PA
clozapine orally disintegrating tab 25 mg, 4, QL, PA
clozapine tab 100 mg, 3, QL
clozapine tab 200 mg, 3, QL
clozapine tab 25 mg, 3, QL
clozapine tab 50 mg, 3, QL
COARTEM TAB 20-120MG, 4
COBENFY CAP 100-20MG, 5, QL, PA
COBENFY CAP 125-30MG, 5, QL, PA
COBENFY CAP 50-20MG, 5, QL, PA
COBENFY STRT CAP PACK, 5, QL, PA
colchicine tab 0.6 mg, 3, QL
colchicine w/ probenecid tab 0.5-500 mg, 2
colesevelam hcl packet for susp 3.75 gm, 4, QL
colesevelam hcl tab 625 mg, 4
colestipol hcl granule packets 5 gm, 2
colestipol hcl tab 1 gm, 2
colistimethate sod for inj 150 mg (colistin base activity), 4
COMBIPATCH DIS, 4, QL
COMBIVENT AER 20-100, 4, QL
COMETRIQ KIT 100MG, 5, QL, PA
COMETRIQ KIT 140MG, 5, QL, PA
COMETRIQ KIT 60MG, 5, QL, PA
COPIKTRA CAP 15MG, 5, QL, PA
COPIKTRA CAP 25MG, 5, QL, PA
COSENTYX INJ 300DOSE, 5, QL, PA
COSENTYX INJ 75MG/0.5, 5, QL, PA
COSENTYX PEN INJ 300DOSE, 5, QL, PA
COSENTYX UNO INJ 300/2ML, 5, QL, PA
COTELLIC TAB 20MG, 5, QL, PA
CREON CAP 12000UNT, 3
CREON CAP 24000UNT, 3
CREON CAP 3000UNIT, 3
CREON CAP 36000UNT, 3
CREON CAP 6000UNIT, 3
CRESEMBA CAP 186MG, 5, PA
CRESEMBA CAP 74.5MG, 5, PA
CROMOLYN SOD SOL 4% OP, 1
cromolyn sodium oral conc 100 mg/5ml, 4
cromolyn sodium soln nebu 20 mg/2ml, 3, PA
CTEXLI TAB 250MG, 5, QL, PA
CURITY GAUZE PAD 2"X2", 2, PA
cyclobenzaprine hcl tab 10 mg, 3
cyclobenzaprine hcl tab 5 mg, 3
CYCLOPHOSPH TAB 50MG, 3, PA
cyclophosphamide cap 25 mg, 3, PA
cyclophosphamide cap 50 mg, 4, PA
CYCLOSERINE CAP 250MG, 5

Drug coverage varies by dosage form/strength. While a drug may appear on the covered drug list, the particular dosage form/strength may not meet the coverage requirements. Please refer to the Comprehensive Formulary for detailed coverage information. Most generic drugs are listed in lower case lettering. Most brand drugs are found in all caps. For most plans, Tier 6 medications are available at $0 copay for a 90-100 day supply at all network pharmacies. Pharmacy Benefits are subject to change.

cyclosporine (ophth) emulsion 0.05% (pf), 3, QL
cyclosporine cap 100 mg, 3, PA
cyclosporine cap 25 mg, 3, PA
cyclosporine modified cap 100 mg, 3, PA
cyclosporine modified cap 25 mg, 3, PA
cyclosporine modified cap 50 mg, 3, PA
cyclosporine modified oral soln 100 mg/ml, 3, PA
CYSTAGON CAP 150MG, 4, PA
CYSTAGON CAP 50MG, 4, PA
CYSTARAN SOL 0.44%, 5, QL, PA

D

D2.5W/NACL INJ 0.45%, 2
D5W/NACL INJ 0.2%, 3
dabigatran etexilate mesylate cap 110 mg (etexilate base eq), 4, QL
dabigatran etexilate mesylate cap 150 mg (etexilate base eq), 4, QL
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 4, QL
dalbavancin hcl for iv soln 500 mg (base equivalent), 5
dalfampridine tab er 12hr 10 mg, 3, QL, PA
danazol cap 100 mg, 4, PA
danazol cap 200 mg, 4, PA
danazol cap 50 mg, 4, PA
dantrolene sodium cap 100 mg, 3
dantrolene sodium cap 25 mg, 3
dantrolene sodium cap 50 mg, 3
DANZITEN TAB 71MG, 5, QL, PA
DANZITEN TAB 95MG, 5, QL, PA
dapagliflozin tab 10 mg, 3, QL
dapagliflozin tab 5 mg, 3, QL
dapsone tab 100 mg, 3
dapsone tab 25 mg, 3
DAPTACEL INJ, 1
daptomycin for iv soln 500 mg, 4
darunavir tab 600 mg, 4, QL
darunavir tab 800 mg, 5, QL
dasatinib tab 100 mg, 5, QL, PA
dasatinib tab 140 mg, 5, QL, PA
dasatinib tab 20 mg, 5, QL, PA
dasatinib tab 50 mg, 5, QL, PA
dasatinib tab 70 mg, 5, QL, PA
dasatinib tab 80 mg, 5, QL, PA
DAURISMO TAB 100MG, 5, QL, PA
DAURISMO TAB 25MG, 5, QL, PA
deferasirox tab 180 mg, 4, PA
deferasirox tab 360 mg, 4, PA
deferasirox tab 90 mg, 3, PA
deferasirox tab for oral susp 125 mg, 4, PA
deferasirox tab for oral susp 250 mg, 4, PA
deferasirox tab for oral susp 500 mg, 5, PA
DELSTRIGO TAB, 5, QL
demeclocycline hcl tab 150 mg, 4
demeclocycline hcl tab 300 mg, 4
DEPO-SQ PROV INJ 104, 3
DESCOVY TAB 120-15MG, 5, QL
DESCOVY TAB 200/25MG, 5, QL
desipramine hcl tab 10 mg, 3
desipramine hcl tab 100 mg, 3
desipramine hcl tab 150 mg, 3
desipramine hcl tab 25 mg, 3
desipramine hcl tab 50 mg, 3
desipramine hcl tab 75 mg, 3
desloratadine tab 5 mg, 2
desmopressin acetate nasal spray soln 0.01% (refrigerated), 3
desmopressin acetate tab 0.1 mg, 2
desmopressin acetate tab 0.2 mg, 2
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5), 2
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg, 2
desonide cream 0.05%, 4, QL
desonide lotion 0.05%, 3, QL
desonide oint 0.05%, 3, QL
desoximetasone cream 0.25%, 3, QL
desoximetasone oint 0.25%, 3, QL
desvenlafaxine succinate tab er 24hr 100 mg (base equiv), 2, QL
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 2, QL
desvenlafaxine succinate tab er 24hr 50 mg (base equiv), 2, QL
DEXAMETH PHO SOL 0.1% OP, 3
DEXAMETHASON SOL 0.5/5ML, 3
dexamethasone tab 0.5 mg, 2
dexamethasone tab 0.75 mg, 2
dexamethasone tab 1 mg, 2
dexamethasone tab 2 mg, 2
dexamethasone tab 4 mg, 2
dexamethasone tab 6 mg, 2
dexlansoprazole cap delayed release 30 mg, 4, QL
dexlansoprazole cap delayed release 60 mg, 4, QL
dexmethylphenidate hcl tab 10 mg, 2, QL
dexmethylphenidate hcl tab 2.5 mg, 2, QL
dexmethylphenidate hcl tab 5 mg, 2, QL
dextroamphetamine sulfate cap er 24hr 10 mg, 3, QL
dextroamphetamine sulfate cap er 24hr 15 mg, 3, QL
dextroamphetamine sulfate cap er 24hr 5 mg, 2, QL
dextroamphetamine sulfate tab 10 mg, 3, QL
dextroamphetamine sulfate tab 5 mg, 3, QL
DEXTROSE INJ 10%, 4
dextrose 5% w/ sodium chloride 0.45%, 4
dextrose 5% w/ sodium chloride 0.9%, 4
dextrose inj 5%, 4
DIACOMIT CAP 250MG, 5, QL, PA
DIACOMIT CAP 500MG, 5, QL, PA
DIACOMIT PAK 250MG, 5, QL, PA
DIACOMIT PAK 500MG, 5, QL, PA
diazepam conc 5 mg/ml, 4, QL, PA
diazepam oral soln 1 mg/ml, 4, QL, PA
diazepam rectal gel delivery system 10 mg, 4, QL
diazepam rectal gel delivery system 2.5 mg, 4, QL

ACRONYM GUIDE:

PA = Prior Authorization
QL = Quantity Limits
ST = Step Therapy
T1 = Preferred Generic Drugs
T2 = Generic Drugs
T3 = Preferred Brand Drugs
T4 = Non-Preferred Drugs
T5 = Specialty Drugs
T6 = Select Care Drugs

diazepam rectal gel delivery system 20 mg, 4, QL
diazepam tab 10 mg, 3, QL
diazepam tab 2 mg, 3, QL
diazepam tab 5 mg, 3, QL
diazoxide susp 50 mg/ml, 4
diclofenac potassium tab 50 mg, 2, QL
diclofenac sodium ophth soln 0.1%, 2
diclofenac sodium soln 1.5%, 3
diclofenac sodium tab delayed release 25 mg, 2, QL
diclofenac sodium tab delayed release 50 mg, 2, QL
diclofenac sodium tab delayed release 75 mg, 2, QL
diclofenac sodium tab er 24hr 100 mg, 2, QL
diclofenac w/ misoprostol tab delayed release 50-0.2 mg, 4, QL
diclofenac w/ misoprostol tab delayed release 75-0.2 mg, 4, QL
dicloxacillin sodium cap 250 mg, 2
dicloxacillin sodium cap 500 mg, 2
dicyclomine hcl cap 10 mg, 4, PA
dicyclomine hcl tab 20 mg, 4, PA
diflorasone diacetate oint 0.05%, 4, QL
difluprednate ophth emulsion 0.05%, 3
DIGOXIN SOL 50MCG/ML, 3, QL
digoxin tab 125 mcg (0.125 mg), 2, QL
digoxin tab 250 mcg (0.25 mg), 2, QL
dihydroergotamine mesylate nasal spray 4 mg/ml, 4, QL, PA
DILANTIN CAP 30MG, 2
diltiazem hcl cap er 12hr 120 mg, 2
diltiazem hcl cap er 12hr 60 mg, 2
diltiazem hcl cap er 12hr 90 mg, 2
diltiazem hcl cap er 24hr 120 mg, 2
diltiazem hcl cap er 24hr 180 mg, 2
diltiazem hcl cap er 24hr 240 mg, 2
diltiazem hcl coated beads cap er 24hr 120 mg, 2
diltiazem hcl coated beads cap er 24hr 180 mg, 2
diltiazem hcl coated beads cap er 24hr 240 mg, 2
diltiazem hcl coated beads cap er 24hr 300 mg, 2
diltiazem hcl extended release beads cap er 24hr 120 mg, 2
diltiazem hcl extended release beads cap er 24hr 180 mg, 2
diltiazem hcl extended release beads cap er 24hr 240 mg, 2
diltiazem hcl extended release beads cap er 24hr 300 mg, 2
diltiazem hcl extended release beads cap er 24hr 360 mg, 2
diltiazem hcl extended release beads cap er 24hr 420 mg, 2
diltiazem hcl tab 120 mg, 2
diltiazem hcl tab 30 mg, 2
diltiazem hcl tab 60 mg, 2
diltiazem hcl tab 90 mg, 2
diltiazem hcl tab er 24hr 120 mg, 3
diltiazem hcl tab er 24hr 180 mg, 3
diltiazem hcl tab er 24hr 240 mg, 3
diltiazem hcl tab er 24hr 300 mg, 3
diltiazem hcl tab er 24hr 360 mg, 3
diltiazem hcl tab er 24hr 420 mg, 3
dimethyl fumarate capsule delayed release 120 mg, 4, QL, PA
dimethyl fumarate capsule delayed release 240 mg, 4, QL, PA
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg, 4, QL, PA
DIPENTUM CAP 250MG, 5
diphenoxylate w/ atropine tab 2.5-0.025 mg, 4, PA
dipyridamole tab 25 mg, 2
dipyridamole tab 50 mg, 2
dipyridamole tab 75 mg, 2
disulfiram tab 250 mg, 3
disulfiram tab 500 mg, 3
divalproex sodium cap delayed release sprinkle 125 mg, 2
divalproex sodium tab delayed release 125 mg, 2
divalproex sodium tab delayed release 250 mg, 2
divalproex sodium tab delayed release 500 mg, 2
divalproex sodium tab er 24 hr 250 mg, 2
divalproex sodium tab er 24 hr 500 mg, 2
dofetilide cap 125 mcg (0.125 mg), 4
dofetilide cap 250 mcg (0.25 mg), 4
dofetilide cap 500 mcg (0.5 mg), 4
donepezil hydrochloride orally disintegrating tab 10 mg, 2
donepezil hydrochloride orally disintegrating tab 5 mg, 2
donepezil hydrochloride tab 10 mg, 1
donepezil hydrochloride tab 23 mg, 3
donepezil hydrochloride tab 5 mg, 1
dorzolamide hcl ophth soln 2%, 2
dorzolamide hcl-timolol maleate ophth soln 2-0.5%, 2
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%, 3
DOVATO TAB 50-300MG, 5, QL
doxazosin mesylate tab 1 mg, 2, QL
doxazosin mesylate tab 2 mg, 2, QL
doxazosin mesylate tab 4 mg, 2, QL
doxazosin mesylate tab 8 mg, 2, QL
DOXEPIN HCL CON 10MG/ML, 4
doxepin hcl (sleep) tab 3 mg (base equiv), 4, QL
doxepin hcl (sleep) tab 6 mg (base equiv), 4, QL
doxepin hcl cap 10 mg, 3
doxepin hcl cap 100 mg, 3
doxepin hcl cap 150 mg, 3
doxepin hcl cap 25 mg, 3
doxepin hcl cap 50 mg, 3
doxepin hcl cap 75 mg, 3
doxycycline (rosacea) cap delayed release 40 mg, 4
doxycycline hyclate cap 100 mg, 2
doxycycline hyclate cap 50 mg, 2
doxycycline hyclate for inj 100 mg, 4
doxycycline hyclate tab 100 mg, 2
doxycycline hyclate tab 20 mg, 2
doxycycline monohydrate cap 100 mg, 2

Drug coverage varies by dosage form/strength. While a drug may appear on the covered drug list, the particular dosage form/strength may not meet the coverage requirements. Please refer to the Comprehensive Formulary for detailed coverage information. Most generic drugs are listed in lower case lettering. Most brand drugs are found in all caps. For most plans, Tier 6 medications are available at $0 copay for a 90-100 day supply at all network pharmacies. Pharmacy Benefits are subject to change.

doxycycline monohydrate cap 50 mg, 2
doxycycline monohydrate cap 75 mg, 3
doxycycline monohydrate tab 100 mg, 2
doxycycline monohydrate tab 150 mg, 3
doxycycline monohydrate tab 50 mg, 2
doxycycline monohydrate tab 75 mg, 2
DRIZALMA CAP 20MG DR, 4, QL
DRIZALMA CAP 30MG DR, 4, QL
DRIZALMA CAP 40MG DR, 4, QL
DRIZALMA CAP 60MG DR, 4, QL
dronabinol cap 10 mg, 4, PA
dronabinol cap 2.5 mg, 4, PA
dronabinol cap 5 mg, 4, PA
drospirenone-ethinyl estradiol tab 3-0.02 mg, 2
drospirenone-ethinyl estradiol tab 3-0.03 mg, 2
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg, 2
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg, 3
droxidopa cap 100 mg, 4, PA
droxidopa cap 200 mg, 5, PA
droxidopa cap 300 mg, 5, PA
DUAVEE TAB 0.45-20, 4
DULERA AER 100-5MCG, 3, QL
DULERA AER 200-5MCG, 3, QL
DULERA AER 50-5MCG, 3, QL
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 2, QL
duloxetine hcl enteric coated pellets cap 30 mg (base eq), 2, QL
duloxetine hcl enteric coated pellets cap 40 mg (base eq), 4, QL
duloxetine hcl enteric coated pellets cap 60 mg (base eq), 2, QL
DUPIXENT INJ 200/1.14, 5, QL, PA
DUPIXENT INJ 200MG, 5, QL, PA
DUPIXENT INJ 300/2ML, 5, QL, PA
dutasteride cap 0.5 mg, 1, QL
dutasteride-tamsulosin hcl cap 0.5-0.4 mg, 3, QL

E

econazole nitrate cream 1%, 4, QL
EDURANT TAB 25MG, 5, QL
EDURANT PED TAB 2.5MG, 5, QL
EFAVIR/LAMIV TAB TENOFOVI, 5, QL
efavirenz tab 600 mg, 4, QL
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg, 4, QL
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg, 5, QL
eletriptan hydrobromide tab 20 mg (base equivalent), 3, QL
eletriptan hydrobromide tab 40 mg (base equivalent), 3, QL
ELIGARD INJ 22.5MG, 4, QL, PA
ELIGARD INJ 30MG, 4, QL, PA
ELIGARD INJ 45MG, 4, QL, PA
ELIGARD INJ 7.5MG, 4, QL, PA
ELIQUIS TAB 2.5MG, 3, QL
ELIQUIS TAB 5MG, 3, QL
ELIQUIS ST P TAB 5MG, 3, QL
ELMIRON CAP 100MG, 5, PA
eltrombopag olamine powder pack for susp 12.5 mg (base eq), 5, PA
eltrombopag olamine powder pack for susp 25 mg (base equiv), 5, PA
eltrombopag olamine tab 12.5 mg (base equiv), 5, PA
eltrombopag olamine tab 25 mg (base equiv), 5, PA
eltrombopag olamine tab 50 mg (base equiv), 5, PA
eltrombopag olamine tab 75 mg (base equiv), 5, PA
EMGALITY INJ 100MG/ML, 3, QL, PA
EMGALITY INJ 120MG/ML, 3, QL, PA
EMSAM DIS 12MG/24H, 5, QL, PA
EMSAM DIS 6MG/24HR, 5, QL, PA
EMSAM DIS 9MG/24HR, 5, QL, PA
emtricitabine caps 200 mg, 4, QL
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg, 5, QL
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 4, QL
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg, 5, QL
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg, 4, QL
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg, 4, QL
EMTRIVA SOL 10MG/ML, 4, QL
enalapril maleate & hydrochlorothiazide tab 10-25 mg, 6
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg, 6
enalapril maleate tab 10 mg, 6
enalapril maleate tab 2.5 mg, 6
enalapril maleate tab 20 mg, 6
enalapril maleate tab 5 mg, 6
ENBREL INJ 25/0.5ML, 5, QL, PA
ENBREL INJ 25MG, 5, QL, PA
ENBREL INJ 50MG/ML, 5, QL, PA
ENBREL MINI INJ 50MG/ML, 5, QL, PA
ENBREL SRCLK INJ 50MG/ML, 5, QL, PA
ENGERIX-B INJ 10/0.5ML, 1, PA
ENGERIX-B INJ 20MCG/ML, 1, PA
enoxaparin sodium inj soln pref syr 100 mg/ml, 4, QL
enoxaparin sodium inj soln pref syr 120 mg/0.8ml, 4, QL
enoxaparin sodium inj soln pref syr 150 mg/ml, 4, QL
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 4, QL
enoxaparin sodium inj soln pref syr 40 mg/0.4ml, 4, QL
enoxaparin sodium inj soln pref syr 60 mg/0.6ml, 4, QL
enoxaparin sodium inj soln pref syr 80 mg/0.8ml, 4, QL
ENSACOVE CAP 100MG, 5, QL, PA
ENSACOVE CAP 25MG, 5, QL, PA
entacapone tab 200 mg, 4
entecavir tab 0.5 mg, 4
entecavir tab 1 mg, 4
ENTYVIO PEN INJ 108/0.68, 5, QL, PA
ENVARSUS XR TAB 0.75MG, 4, PA
ENVARSUS XR TAB 1MG, 4, PA
ENVARSUS XR TAB 4MG, 5, PA

ACRONYM GUIDE:

PA = Prior Authorization
QL = Quantity Limits
ST = Step Therapy
T1 = Preferred Generic Drugs
T2 = Generic Drugs
T3 = Preferred Brand Drugs
T4 = Non-Preferred Drugs
T5 = Specialty Drugs
T6 = Select Care Drugs

EPIDIOLEX SOL 100MG/ML, 5, PA
epinastine hcl ophth soln 0.05%, 2
EPINEPHRINE INJ 0.3MG, 3, QL
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000), 3, QL
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000), 3, QL
eplerenone tab 25 mg, 3
eplerenone tab 50 mg, 3
ERGOT/CAFFEN TAB 1-100MG, 3
ERIVEDGE CAP 150MG, 5, QL, PA
ERLEADA TAB 240MG, 5, QL, PA
ERLEADA TAB 60MG, 5, QL, PA
erlotinib hcl tab 100 mg (base equivalent), 5, QL, PA
erlotinib hcl tab 150 mg (base equivalent), 5, QL, PA
erlotinib hcl tab 25 mg (base equivalent), 5, QL, PA
ertapenem sodium for inj 1 gm (base equivalent), 4
ERY PAD 2%, 3
ERYTHROCIN INJ 500MG, 4
erythromycin ethylsuccinate for susp 200 mg/5ml, 4
erythromycin ophth oint 5 mg/gm, 2
erythromycin soln 2%, 2
erythromycin tab 250 mg, 4
erythromycin tab 500 mg, 4
escitalopram oxalate soln 5 mg/5ml (base equiv), 3, QL
escitalopram oxalate tab 10 mg (base equiv), 1, QL
escitalopram oxalate tab 20 mg (base equiv), 1, QL
escitalopram oxalate tab 5 mg (base equiv), 1, QL
eslicarbazepine acetate tab 200 mg, 4, QL
eslicarbazepine acetate tab 400 mg, 4, QL
eslicarbazepine acetate tab 600 mg, 4, QL
eslicarbazepine acetate tab 800 mg, 4, QL
esomeprazole magnesium cap delayed release 20 mg (base eq), 2, QL
esomeprazole magnesium cap delayed release 40 mg (base eq), 2, QL
estradiol & norethindrone acetate tab 0.5-0.1 mg, 3
estradiol & norethindrone acetate tab 1-0.5 mg, 3
estradiol tab 0.5 mg, 1
estradiol tab 1 mg, 1
estradiol tab 2 mg, 1
estradiol td gel 0.25 mg/0.25gm (0.1%), 4, QL
estradiol td gel 0.5 mg/0.5gm (0.1%), 4, QL
estradiol td gel 0.75 mg/0.75gm (0.1%), 4, QL
estradiol td gel 1 mg/gm (0.1%), 4, QL
estradiol td gel 1.25 mg/1.25gm (0.1%), 4, QL
estradiol td patch twice weekly 0.025 mg/24hr, 3, QL
estradiol td patch twice weekly 0.0375 mg/24hr, 3, QL
estradiol td patch twice weekly 0.05 mg/24hr, 3, QL
estradiol td patch twice weekly 0.075 mg/24hr, 3, QL
estradiol td patch twice weekly 0.1 mg/24hr, 3, QL
estradiol td patch weekly 0.025 mg/24hr, 3, QL
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr), 3, QL
estradiol td patch weekly 0.05 mg/24hr, 3, QL
estradiol td patch weekly 0.06 mg/24hr, 3, QL
estradiol td patch weekly 0.075 mg/24hr, 3, QL
estradiol td patch weekly 0.1 mg/24hr, 3, QL
estradiol vaginal cream 0.01%, 2, QL
estradiol vaginal tab 10 mcg, 3
estrogens, conjugated tab 0.3 mg, 3
estrogens, conjugated tab 0.45 mg, 3
estrogens, conjugated tab 0.625 mg, 3
estrogens, conjugated tab 0.9 mg, 3
estrogens, conjugated tab 1.25 mg, 3
eszopiclone tab 1 mg, 2, QL
eszopiclone tab 2 mg, 2, QL
eszopiclone tab 3 mg, 2, QL
ethambutol hcl tab 100 mg, 2
ethambutol hcl tab 400 mg, 2
ethosuximide cap 250 mg, 3
ethosuximide soln 250 mg/5ml, 2
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 2
etodolac cap 200 mg, 2, QL
etodolac cap 300 mg, 2, QL
etodolac tab 400 mg, 2, QL
etodolac tab 500 mg, 2, QL
etodolac tab er 24hr 400 mg, 2, QL
etodolac tab er 24hr 500 mg, 2, QL
etodolac tab er 24hr 600 mg, 2, QL
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr, 3
etravirine tab 100 mg, 4, QL
etravirine tab 200 mg, 5, QL
EULEXIN CAP 125MG, 5
everolimus tab 0.25 mg, 4, PA
everolimus tab 0.5 mg, 5, PA
everolimus tab 0.75 mg, 5, PA
everolimus tab 1 mg, 5, PA
everolimus tab 10 mg, 5, QL, PA
everolimus tab 2.5 mg, 5, QL, PA
everolimus tab 5 mg, 5, QL, PA
everolimus tab 7.5 mg, 5, QL, PA
everolimus tab for oral susp 2 mg, 5, QL, PA
everolimus tab for oral susp 3 mg, 5, QL, PA
everolimus tab for oral susp 5 mg, 5, QL, PA
EVOTAZ TAB 300-150, 5, QL
exemestane tab 25 mg, 3
EXXUA TAB 18.2MG, 5, QL
EXXUA TAB 36.3MG, 5, QL
EXXUA TAB 54.5MG, 5, QL
EXXUA TAB 72.6MG, 5, QL

Drug coverage varies by dosage form/strength. While a drug may appear on the covered drug list, the particular dosage form/strength may not meet the coverage requirements. Please refer to the Comprehensive Formulary for detailed coverage information. Most generic drugs are listed in lower case lettering. Most brand drugs are found in all caps. For most plans, Tier 6 medications are available at $0 copay for a 90-100 day supply at all network pharmacies. Pharmacy Benefits are subject to change.

EXXUA TITRAT TAB 18.2MG, 5, QL
ezetimibe tab 10 mg, 1, QL
ezetimibe-simvastatin tab 10-10 mg, 6, QL
ezetimibe-simvastatin tab 10-20 mg, 6, QL
ezetimibe-simvastatin tab 10-40 mg, 6, QL
ezetimibe-simvastatin tab 10-80 mg, 6, QL

F

famciclovir tab 125 mg, 2
famciclovir tab 250 mg, 2
famciclovir tab 500 mg, 2
famotidine for susp 40 mg/5ml, 3
famotidine tab 20 mg, 1
famotidine tab 40 mg, 1
FANAPT PAK PACK A, 4, QL, PA
FANAPT TAB 10MG, 5, QL, PA
FANAPT TAB 12MG, 5, QL, PA
FANAPT TAB 1MG, 5, QL, PA
FANAPT TAB 2MG, 5, QL, PA
FANAPT TAB 4MG, 5, QL, PA
FANAPT TAB 6MG, 5, QL, PA
FANAPT TAB 8MG, 5, QL, PA
FARXIGA TAB 10MG, 3, QL
FARXIGA TAB 5MG, 3, QL
FASENRA INJ 10MG/0.5, 5, QL, PA
FASENRA INJ 30MG/ML, 5, QL, PA
FASENRA PEN INJ 30MG/ML, 5, QL, PA
febuxostat tab 40 mg, 3, QL
febuxostat tab 80 mg, 3, QL
felbamate susp 600 mg/5ml, 4
felbamate tab 400 mg, 3
felbamate tab 600 mg, 3
felodipine tab er 24hr 10 mg, 2
felodipine tab er 24hr 2.5 mg, 2
felodipine tab er 24hr 5 mg, 2
fenofibrate micronized cap 130 mg, 2, QL
fenofibrate micronized cap 134 mg, 2, QL
fenofibrate micronized cap 200 mg, 2, QL
fenofibrate micronized cap 43 mg, 2, QL
fenofibrate micronized cap 67 mg, 2, QL
fenofibrate tab 145 mg, 2, QL
fenofibrate tab 160 mg, 2, QL
fenofibrate tab 48 mg, 2, QL
fenofibrate tab 54 mg, 2, QL
fentanyl td patch 72hr 100 mcg/hr, 4, QL, PA
fentanyl td patch 72hr 12 mcg/hr, 4, QL, PA
fentanyl td patch 72hr 25 mcg/hr, 4, QL, PA
fentanyl td patch 72hr 50 mcg/hr, 4, QL, PA
fentanyl td patch 72hr 75 mcg/hr, 4, QL, PA
FETZIMA CAP 120MG, 4, QL
FETZIMA CAP 20MG, 4, QL
FETZIMA CAP 40MG, 4, QL
FETZIMA CAP 80MG, 4, QL
FETZIMA CAP TITRATIO, 4, QL
fidaxomicin tab 200 mg, 5, QL
FILSPARI TAB 200MG, 5, QL, PA
FILSPARI TAB 400MG, 5, QL, PA
finasteride tab 5 mg, 1, QL
fingolimod hcl cap 0.5 mg (base equiv), 4, QL, PA
FINTEPLA SOL 2.2MG/ML, 5, QL, PA
FIRMAGON INJ 120MG, 5, PA
FIRMAGON INJ 80MG, 4, PA
flecainide acetate tab 100 mg, 2
flecainide acetate tab 150 mg, 2
flecainide acetate tab 50 mg, 2
fluconazole for susp 10 mg/ml, 3
fluconazole for susp 40 mg/ml, 3
fluconazole in nacl 0.9% inj 200 mg/100ml, 4
fluconazole in nacl 0.9% inj 400 mg/200ml, 4
fluconazole tab 100 mg, 2
fluconazole tab 150 mg, 2
fluconazole tab 200 mg, 2
fluconazole tab 50 mg, 2
flucytosine cap 250 mg, 5, PA
flucytosine cap 500 mg, 5, PA
fludrocortisone acetate tab 0.1 mg, 2
flunisolide nasal soln 25 mcg/act (0.025%), 2, QL
fluocinolone acetonide (otic) oil 0.01%, 3
fluocinolone acetonide cream 0.01%, 3, QL
fluocinolone acetonide cream 0.025%, 3, QL
fluocinolone acetonide oil 0.01% (scalp oil), 3, QL
fluocinolone acetonide oint 0.025%, 3, QL
fluocinolone acetonide soln 0.01%, 3, QL
fluocinonide cream 0.05%, 3, QL
fluocinonide cream 0.1%, 4, QL
fluocinonide emulsified base cream 0.05%, 3, QL
fluocinonide gel 0.05%, 3, QL
fluocinonide oint 0.05%, 3, QL
fluocinonide soln 0.05%, 3, QL
fluorometholone ophth susp 0.1%, 2
fluorouracil cream 5%, 4, QL
FLUOROURACIL SOL 2%, 3, QL
fluorouracil soln 5%, 3, QL
FLUOXETINE CAP 90MG DR, 3, QL
fluoxetine hcl cap 10 mg, 1, QL
fluoxetine hcl cap 20 mg, 1, QL
fluoxetine hcl cap 40 mg, 1, QL
fluoxetine hcl solution 20 mg/5ml, 2, QL
fluoxetine hcl tab 10 mg, 2, QL
fluoxetine hcl tab 20 mg, 2, QL
FLUPHENAZINE CON 5MG/ML, 3, PA
fluphenazine decanoate inj 25 mg/ml, 4
FLUPHENAZINE ELX 2.5/5ML, 3, PA
fluphenazine hcl tab 1 mg, 3, PA
fluphenazine hcl tab 10 mg, 3, PA
fluphenazine hcl tab 2.5 mg, 3, PA
fluphenazine hcl tab 5 mg, 3, PA
FLUPHENAZINE INJ 2.5MG/ML, 4, PA
FLURBIPROFEN SOL 0.03% OP, 3
FLUTIC/SALME INH 113/14, 3, QL
FLUTIC/SALME INH 232/14, 3, QL
FLUTIC/SALME INH 55/14, 3, QL

ACRONYM GUIDE:

PA = Prior Authorization
QL = Quantity Limits
ST = Step Therapy
T1 = Preferred Generic Drugs
T2 = Generic Drugs
T3 = Preferred Brand Drugs
T4 = Non-Preferred Drugs
T5 = Specialty Drugs
T6 = Select Care Drugs

FLUTIC/VILAN INH 100-25, 3, QL
FLUTIC/VILAN INH 200-25, 3, QL
FLUTICAS HFA AER 110MCG, 3, QL
FLUTICAS HFA AER 220MCG, 3, QL
fluticasone propionate cream 0.05%, 2, QL
fluticasone propionate hfa inhal aero 44 mcg/act, 3, QL
fluticasone propionate nasal susp 50 mcg/act, 2, QL
fluticasone propionate oint 0.005%, 2, QL
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 3, QL
fluticasone-salmeterol aer powder ba 250-50 mcg/act, 3, QL
fluticasone-salmeterol aer powder ba 500-50 mcg/act, 3, QL
fluvastatin sodium cap 20 mg (base equivalent), 6, QL
fluvastatin sodium cap 40 mg (base equivalent), 6, QL
fluvastatin sodium tab er 24 hr 80 mg (base equivalent), 6, QL
fluvoxamine maleate tab 100 mg, 2, QL
fluvoxamine maleate tab 25 mg, 2, QL
fluvoxamine maleate tab 50 mg, 2, QL
fondaparinux sodium subcutaneous inj 10 mg/0.8ml, 5, QL
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 4, QL
fondaparinux sodium subcutaneous inj 5 mg/0.4ml, 5, QL
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml, 5, QL
fosamprenavir calcium tab 700 mg (base equiv), 5, QL
fosfomycin tromethamine powd pack 3 gm (base equivalent), 4
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 6
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg, 6
fosinopril sodium tab 10 mg, 6
fosinopril sodium tab 20 mg, 6
fosinopril sodium tab 40 mg, 6
FOTIVDA CAP 0.89MG, 5, QL, PA
FOTIVDA CAP 1.34MG, 5, QL, PA
FRUZAQLA CAP 1MG, 5, QL, PA
FRUZAQLA CAP 5MG, 5, QL, PA
FULPHILA INJ 6/0.6ML, 5, PA
FUROSEMIDE SOL 10MG/ML, 2
furosemide inj 10 mg/ml, 4
furosemide tab 20 mg, 1
furosemide tab 40 mg, 1
furosemide tab 80 mg, 1

G

gabapentin cap 100 mg, 1, QL
gabapentin cap 300 mg, 1, QL
gabapentin cap 400 mg, 1, QL
gabapentin oral soln 250 mg/5ml, 2, QL
gabapentin tab 600 mg, 2, QL
gabapentin tab 800 mg, 2, QL
GALANTAMINE SOL 4MG/ML, 4
galantamine hydrobromide cap er 24hr 16 mg, 3
galantamine hydrobromide cap er 24hr 24 mg, 3
galantamine hydrobromide cap er 24hr 8 mg, 3
galantamine hydrobromide tab 12 mg, 2
galantamine hydrobromide tab 4 mg, 2
galantamine hydrobromide tab 8 mg, 2
GAMMAGARD INJ 10GM/100, 5, PA
GAMMAGARD INJ 2.5GM/25, 5, PA
GAMMAGARD INJ 5GM/50ML, 5, PA
GAMMAGARD SD INJ 10GM HU, 5, PA
GAMMAGARD SD INJ 5GM HU, 5, PA
GAMMGD ERC INJ 10/100ML, 5, PA
GAMMGD ERC INJ 5GM/50ML, 5, PA
GAMUNEX-C INJ 1GM/10ML, 5, PA
GARDASIL 9 INJ, 1
gatifloxacin ophth soln 0.5%, 3
GATTEX KIT 5MG, 5, PA
GAVILYTE-C SOL, 2
GAVRETO CAP 100MG, 5, QL, PA
gefitinib tab 250 mg, 5, QL, PA
gemfibrozil tab 600 mg, 1, QL
GENTAM/NACL INJ 100MG, 4
GENTAM/NACL INJ 60MG, 4
GENTAM/NACL INJ 80MG, 4
gentamicin sulfate cream 0.1%, 2
gentamicin sulfate inj 40 mg/ml, 4
gentamicin sulfate oint 0.1%, 3
gentamicin sulfate ophth soln 0.3%, 2
GENVOYA TAB, 5, QL
GILOTRIF TAB 20MG, 5, QL, PA
GILOTRIF TAB 30MG, 5, QL, PA
GILOTRIF TAB 40MG, 5, QL, PA
glatiramer acetate soln prefilled syringe 20 mg/ml, 5, QL, PA
glatiramer acetate soln prefilled syringe 40 mg/ml, 5, QL, PA
glimepiride tab 1 mg, 6, QL
glimepiride tab 2 mg, 6, QL
glimepiride tab 4 mg, 6, QL
glipizide tab 10 mg, 6, QL
glipizide tab 5 mg, 6, QL
glipizide tab er 24hr 10 mg, 6, QL
glipizide tab er 24hr 2.5 mg, 6, QL
glipizide tab er 24hr 5 mg, 6, QL
glipizide-metformin hcl tab 2.5-250 mg, 6, QL
glipizide-metformin hcl tab 2.5-500 mg, 6, QL
glipizide-metformin hcl tab 5-500 mg, 6, QL
glucagon for inj 1 mg, 4, QL
glutamine (sickle cell) powd pack 5 gm, 5, QL, PA
glyburide tab 1.25 mg, 6, QL
glyburide tab 2.5 mg, 6, QL
glyburide tab 5 mg, 6, QL
glyburide-metformin tab 1.25-250 mg, 6, QL
glyburide-metformin tab 2.5-500 mg, 6, QL
glyburide-metformin tab 5-500 mg, 6, QL
glycopyrrolate tab 1 mg, 2
glycopyrrolate tab 2 mg, 2
GLYXAMBI TAB 10-5 MG, 3, QL
GLYXAMBI TAB 25-5 MG, 3, QL
GOMEKLI CAP 1MG, 5, QL, PA

Drug coverage varies by dosage form/strength. While a drug may appear on the covered drug list, the particular dosage form/strength may not meet the coverage requirements. Please refer to the Comprehensive Formulary for detailed coverage information. Most generic drugs are listed in lower case lettering. Most brand drugs are found in all caps. For most plans, Tier 6 medications are available at $0 copay for a 90-100 day supply at all network pharmacies. Pharmacy Benefits are subject to change.

GOMEKLI CAP 2MG, 5, QL, PA
GOMEKLI TAB 1MG, 5, QL, PA
granisetron hcl tab 1 mg, 2, PA
GRANIX INJ 300/0.5, 5, PA
GRANIX INJ 300/1ML, 5, PA
GRANIX INJ 480/0.8, 5, PA
griseofulvin microsize susp 125 mg/5ml, 4
griseofulvin ultramicrosize tab 125 mg, 4
griseofulvin ultramicrosize tab 250 mg, 4
GVOKE HYPO 2 INJ 0.5/.1ML, 3, QL
GVOKE HYPO 2 INJ 1/0.2ML, 3, QL
GVOKE KIT SOL 1/0.2ML, 3, QL
GVOKE PFS INJ 1/0.2ML, 3, QL

H

HADLIMA INJ 40/0.4ML, 5, QL, PA
HADLIMA INJ 40/0.8ML, 5, QL, PA
HADLIMA PUSH INJ 40/0.4ML, 5, QL, PA
HADLIMA PUSH INJ 40/0.8ML, 5, QL, PA
HAEGARDA INJ 2000UNIT, 5, QL, PA
HAEGARDA INJ 3000UNIT, 5, QL, PA
halobetasol propionate cream 0.05%, 4, QL
halobetasol propionate oint 0.05%, 3, QL
haloperidol decanoate im soln 100 mg/ml, 2
haloperidol decanoate im soln 50 mg/ml, 2
haloperidol lactate inj 5 mg/ml, 4
haloperidol lactate oral conc 2 mg/ml, 2
haloperidol tab 0.5 mg, 2
haloperidol tab 1 mg, 2
haloperidol tab 10 mg, 2
haloperidol tab 2 mg, 2
haloperidol tab 20 mg, 2
haloperidol tab 5 mg, 2
HAVRIX INJ 1440UNIT, 1
HAVRIX INJ 720UNIT, 1
HC BUTYRATE CRE 0.1%, 3, QL
HC BUTYRATE OIN 0.1%, 3, QL
HC BUTYRATE SOL 0.1%, 3, QL
heparin sodium (porcine) inj 1000 unit/ml, 3
heparin sodium (porcine) inj 10000 unit/ml, 3
heparin sodium (porcine) inj 20000 unit/ml, 3
heparin sodium (porcine) inj 5000 unit/ml, 3
HEPLISAV-B INJ 20/0.5ML, 1, PA
HERNEXEOS TAB 60MG, 5, QL, PA
HIBERIX SOL 10MCG, 1
HUMALOG INJ 100/ML, 3, QL
HUMALOG JR INJ 100/ML, 3, QL
HUMALOG KWPN INJ 100/ML, 3, QL
HUMALOG KWPN INJ 200/ML, 3, QL
HUMALOG MIX INJ 50/50KWP, 3, QL
HUMALOG MIX INJ 75/25KWP, 3, QL
HUMALOG MIX SUS 75/25, 3, QL
HUMATIN CAP 250MG, 5
HUMULIN INJ 70/30, 1, QL
HUMULIN INJ 70/30KWP, 3, QL
HUMULIN N INJ U-100, 1, QL
HUMULIN N INJ U-100KWP, 3, QL
HUMULIN R INJ U-100, 1, QL
HUMULIN R INJ U-500, 3, PA
HUMULIN R INJ U-500KWP, 3, QL
hydralazine hcl tab 10 mg, 1
hydralazine hcl tab 100 mg, 1
hydralazine hcl tab 25 mg, 1
hydralazine hcl tab 50 mg, 1
hydrochlorothiazide cap 12.5 mg, 1
hydrochlorothiazide tab 12.5 mg, 1
hydrochlorothiazide tab 25 mg, 1
hydrochlorothiazide tab 50 mg, 1
HYDROCODONE CAP 10MG ER, 4, QL, PA
HYDROCODONE CAP 15MG ER, 4, QL, PA
HYDROCODONE CAP 20MG ER, 4, QL, PA
HYDROCODONE CAP 30MG ER, 4, QL, PA
HYDROCODONE CAP 40MG ER, 4, QL, PA
HYDROCODONE CAP 50MG ER, 4, QL, PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml, 3, QL
hydrocodone-acetaminophen tab 10-325 mg, 2, QL
hydrocodone-acetaminophen tab 5-325 mg, 2, QL
hydrocodone-acetaminophen tab 7.5-325 mg, 2, QL
hydrocodone-ibuprofen tab 7.5-200 mg, 3, QL
HYDROCORT LOT 2.5%, 2, QL
hydrocortisone cream 1%, 2
hydrocortisone enema 100 mg/60ml, 3
hydrocortisone oint 1%, 1, QL
hydrocortisone oint 2.5%, 1, QL
hydrocortisone perianal cream 2.5%, 2, QL
hydrocortisone tab 10 mg, 2
hydrocortisone tab 20 mg, 2
hydrocortisone tab 5 mg, 2
hydrocortisone valerate cream 0.2%, 3, QL
hydrocortisone valerate oint 0.2%, 3, QL
hydrocortisone w/ acetic acid otic soln 1-2%, 3
hydromorphone hcl liqd 1 mg/ml, 3, QL
hydromorphone hcl preservative free (pf) inj 10 mg/ml, 4, PA
hydromorphone hcl tab 2 mg, 3, QL
hydromorphone hcl tab 4 mg, 3, QL
hydromorphone hcl tab 8 mg, 3, QL
hydroxychloroquine sulfate tab 200 mg, 2
hydroxyurea cap 500 mg, 2
hydroxyzine hcl tab 10 mg, 4, PA
hydroxyzine hcl tab 25 mg, 4, PA
hydroxyzine hcl tab 50 mg, 4, PA
hydroxyzine pamoate cap 25 mg, 4, PA
hydroxyzine pamoate cap 50 mg, 4, PA
HYRNUO TAB 10MG, 5, QL, PA

ACRONYM GUIDE:

PA = Prior Authorization
QL = Quantity Limits
ST = Step Therapy
T1 = Preferred Generic Drugs
T2 = Generic Drugs
T3 = Preferred Brand Drugs
T4 = Non-Preferred Drugs
T5 = Specialty Drugs
T6 = Select Care Drugs

I

ibandronate sodium tab 150 mg (base equivalent), 2, QL
IBRANCE CAP 125MG, 5, QL, PA
IBRANCE TAB 100MG, 5, QL, PA
IBRANCE TAB 125MG, 5, QL, PA
IBRANCE TAB 75MG, 5, QL, PA
IBTROZI CAP 200MG, 5, QL, PA
ibuprofen susp 100 mg/5ml, 2
ibuprofen tab 400 mg, 1, QL
ibuprofen tab 600 mg, 1, QL
ibuprofen tab 800 mg, 1, QL
icatibant acetate subcutaneous soln pref syr 30 mg/3ml, 5, QL, PA
ICLUSIG TAB 10MG, 5, QL, PA
ICLUSIG TAB 15MG, 5, QL, PA
ICLUSIG TAB 30MG, 5, QL, PA
ICLUSIG TAB 45MG, 5, QL, PA
IDHIFA TAB 100MG, 5, QL, PA
IDHIFA TAB 50MG, 5, QL, PA
ILEVRO DRO 0.3% OP, 3
imatinib mesylate tab 100 mg (base equivalent), 3, QL, PA
imatinib mesylate tab 400 mg (base equivalent), 5, QL, PA
IMBRUVICA CAP 140MG, 5, QL, PA
IMBRUVICA CAP 70MG, 5, QL, PA
IMBRUVICA SUS 70MG/ML, 5, QL, PA
IMBRUVICA TAB 140MG, 5, QL, PA
IMBRUVICA TAB 280MG, 5, QL, PA
IMBRUVICA TAB 420MG, 5, QL, PA
IMIPENEM/CIL INJ 250MG, 3
imipenem-cilastatin intravenous for soln 500 mg, 4
imipramine hcl tab 10 mg, 3
imipramine hcl tab 25 mg, 3
imipramine hcl tab 50 mg, 3
imiquimod cream 5%, 4
IMKELDI SOL 80MG/ML, 5, QL, PA
IMOVAX RABIE INJ 2.5/ML, 1, PA
IMPAVIDO CAP 50MG, 5
INCRELEX INJ 40MG/4ML, 5
INCRUSE ELPT INH 62.5MCG, 3, QL
indapamide tab 1.25 mg, 1
indapamide tab 2.5 mg, 1
indomethacin cap 25 mg, 2, QL
indomethacin cap 50 mg, 2, QL
indomethacin cap er 75 mg, 3, QL
INFANRIX INJ, 1
INLURIYO TAB 200MG, 5, QL, PA
INLYTA TAB 1MG, 5, QL, PA
INLYTA TAB 5MG, 5, QL, PA
INQOVI TAB 35-100MG, 5, QL, PA
INREBIC CAP 100MG, 5, QL, PA
INSULIN SYRG MIS 0.3/31G, 2, PA
INSULIN SYRG MIS 0.5/30G, 2, PA
INSULIN SYRG MIS 1ML/29G, 2, PA
INSULIN SYRG MIS 1ML/31G, 2, PA
INTELENCE TAB 25MG, 4, QL
INTRALIPID INJ 20%, 4, PA
INVEGA HAFYE INJ 1092MG, 5, QL
INVEGA HAFYE INJ 1560MG, 5, QL
INVEGA SUST INJ 117/0.75, 5, QL
INVEGA SUST INJ 156MG/ML, 5, QL
INVEGA SUST INJ 234/1.5, 5, QL
INVEGA SUST INJ 39/0.25, 4, QL
INVEGA SUST INJ 78/0.5ML, 5, QL
INVEGA TRINZ INJ 273MG, 5, QL
INVEGA TRINZ INJ 410MG, 5, QL
INVEGA TRINZ INJ 546MG, 5, QL
INVEGA TRINZ INJ 819MG, 5, QL
INVELTYS SUS 1%, 4
INVOKAMET TAB 150-1000, 3, QL
INVOKAMET TAB 150-500, 3, QL
INVOKAMET TAB 50-1000, 3, QL
INVOKAMET TAB 50-500MG, 3, QL
INVOKAMET XR TAB 150-1000, 3, QL
INVOKAMET XR TAB 150-500, 3, QL
INVOKAMET XR TAB 50-1000, 3, QL
INVOKAMET XR TAB 50-500MG, 3, QL
INVOKANA TAB 100MG, 3, QL
INVOKANA TAB 300MG, 3, QL
IPOL INJ INACTIVE, 1
ipratropium bromide inhal soln 0.02%, 2, PA
ipratropium bromide nasal soln 0.03% (21 mcg/spray), 2, QL
ipratropium bromide nasal soln 0.06% (42 mcg/spray), 2, QL
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml, 2, PA
irbesartan tab 150 mg, 6, QL
irbesartan tab 300 mg, 6, QL
irbesartan tab 75 mg, 6, QL
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 6, QL
irbesartan-hydrochlorothiazide tab 300-12.5 mg, 6, QL
ISENTRESS CHW 100MG, 3, QL
ISENTRESS CHW 25MG, 3, QL
ISENTRESS POW 100MG, 5, QL
ISENTRESS TAB 400MG, 5, QL
ISENTRESS HD TAB 600MG, 5, QL
isoniazid tab 100 mg, 1
isoniazid tab 300 mg, 1
isosorbide dinitrate tab 10 mg, 2
isosorbide dinitrate tab 20 mg, 2
isosorbide dinitrate tab 30 mg, 2
isosorbide dinitrate tab 5 mg, 2
isosorbide mononitrate tab 10 mg, 2
isosorbide mononitrate tab 20 mg, 2
isosorbide mononitrate tab er 24hr 120 mg, 1
isosorbide mononitrate tab er 24hr 30 mg, 1
isosorbide mononitrate tab er 24hr 60 mg, 1
isotretinoin cap 10 mg, 4
isotretinoin cap 20 mg, 4
isotretinoin cap 30 mg, 4
isotretinoin cap 40 mg, 4
isradipine cap 2.5 mg, 2
isradipine cap 5 mg, 2
ITOVEBI TAB 3MG, 5, QL, PA
ITOVEBI TAB 9MG, 5, QL, PA
itraconazole cap 100 mg, 4, QL
ivabradine hcl tab 5 mg (base equiv), 3, QL, PA
ivabradine hcl tab 7.5 mg (base equiv), 3, QL, PA
ivermectin tab 3 mg, 3, QL
IWILFIN TAB 192MG, 5, QL, PA
IXIARO INJ, 1

Drug coverage varies by dosage form/strength. While a drug may appear on the covered drug list, the particular dosage form/strength may not meet the coverage requirements. Please refer to the Comprehensive Formulary for detailed coverage information. Most generic drugs are listed in lower case lettering. Most brand drugs are found in all caps. For most plans, Tier 6 medications are available at $0 copay for a 90-100 day supply at all network pharmacies. Pharmacy Benefits are subject to change.

J

JAKAFI TAB 10MG, 5, QL, PA
JAKAFI TAB 15MG, 5, QL, PA
JAKAFI TAB 20MG, 5, QL, PA
JAKAFI TAB 25MG, 5, QL, PA
JAKAFI TAB 5MG, 5, QL, PA
JANUMET TAB 50-1000, 3, QL
JANUMET TAB 50-500MG, 3, QL
JANUMET XR TAB 100-1000, 3, QL
JANUMET XR TAB 50-1000, 3, QL
JANUMET XR TAB 50-500MG, 3, QL
JANUVIA TAB 100MG, 3, QL
JANUVIA TAB 25MG, 3, QL
JANUVIA TAB 50MG, 3, QL
JARDIANCE TAB 10MG, 3, QL
JARDIANCE TAB 25MG, 3, QL
JAYPIRCA TAB 100MG, 5, QL, PA
JAYPIRCA TAB 50MG, 5, QL, PA
JENTADUETO TAB 2.5-1000, 3, QL
JENTADUETO TAB 2.5-500, 3, QL
JENTADUETO TAB XR, 3, QL
JUBBONTI INJ 60MG/ML, 4, QL, PA
JULUCA TAB 50-25MG, 5, QL
JYNNEOS INJ, 1, PA

K

KALETRA SOL, 4, QL
KALYDECO GRA 13.4MG, 5, QL, PA
KALYDECO GRA 5.8MG, 5, QL, PA
KALYDECO PAK 25MG, 5, QL, PA
KALYDECO PAK 50MG, 5, QL, PA
KALYDECO PAK 75MG, 5, QL, PA
KALYDECO TAB 150MG, 5, QL, PA
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj, 4
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj, 4
kcl 20 meq/l (0.15%) in nacl 0.45% inj, 4
kcl 20 meq/l (0.15%) in nacl 0.9% inj, 4
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj, 4
kcl 40 meq/l (0.3%) in nacl 0.9% inj, 4
KERENDIA TAB 10MG, 3, QL
KERENDIA TAB 20MG, 3, QL
KERENDIA TAB 40MG, 3, QL
ketoconazole cream 2%, 3, QL
ketoconazole shampoo 2%, 2, QL
ketoconazole tab 200 mg, 2
KETOROLAC SOL 0.4% OP, 2
ketorolac tromethamine ophth soln 0.5%, 2
ketorolac tromethamine tab 10 mg, 2
KINRIX INJ, 1
KISQALI TAB 200DOSE, 5, QL, PA
KISQALI TAB 400DOSE, 5, QL, PA
KISQALI TAB 600DOSE, 5, QL, PA
KLOXXADO SPR 8MG, 4
KOMZIFTI CAP 200MG, 5, QL, PA
KOSELUGO CAP 10MG, 5, QL, PA
KOSELUGO CAP 25MG, 5, QL, PA
KOSELUGO CAP 5MG, 5, QL, PA
KOSELUGO CAP 7.5MG, 5, QL, PA
KRAZATI TAB 200MG, 5, QL, PA

L

labetalol hcl tab 100 mg, 2
labetalol hcl tab 200 mg, 2
labetalol hcl tab 300 mg, 2
lacosamide oral solution 10 mg/ml, 4, QL
lacosamide tab 100 mg, 4, QL
lacosamide tab 150 mg, 4, QL
lacosamide tab 200 mg, 4, QL
lacosamide tab 50 mg, 4, QL
lactic acid (ammonium lactate) cream 12%, 2
lactic acid (ammonium lactate) lotion 12%, 2
lactulose (encephalopathy) solution 10 gm/15ml, 2
lactulose solution 10 gm/15ml, 2
lamivudine oral soln 10 mg/ml, 3, QL
lamivudine tab 100 mg (hbv), 3
lamivudine tab 150 mg, 3, QL
lamivudine tab 300 mg, 3, QL
lamivudine-zidovudine tab 150-300 mg, 3, QL
lamotrigine tab 100 mg, 1
lamotrigine tab 150 mg, 1
lamotrigine tab 200 mg, 1
lamotrigine tab 25 mg, 1
lamotrigine tab chewable dispersible 25 mg, 3
lamotrigine tab chewable dispersible 5 mg, 3
LAMPIT TAB 120MG, 4
LAMPIT TAB 30MG, 4
lansoprazole cap delayed release 15 mg, 2, QL
lansoprazole cap delayed release 30 mg, 2, QL
LANTUS INJ 100/ML, 3, QL
LANTUS SOLOS INJ 100/ML, 3, QL
lapatinib ditosylate tab 250 mg (base equiv), 5, QL, PA
latanoprost ophth soln 0.005%, 1, QL
LAZCLUZE TAB 240MG, 5, QL, PA
LAZCLUZE TAB 80MG, 5, QL, PA
LEDIP-SOFOSB TAB 90-400MG, 5, PA
leflunomide tab 10 mg, 2, QL
leflunomide tab 20 mg, 2, QL
lenalidomide cap 10 mg, 5, QL, PA
lenalidomide cap 15 mg, 5, QL, PA
lenalidomide cap 20 mg, 5, QL, PA
lenalidomide cap 25 mg, 5, QL, PA
lenalidomide cap 5 mg, 5, QL, PA
lenalidomide caps 2.5 mg, 5, QL, PA
LENVIMA CAP 10 MG, 5, QL, PA
LENVIMA CAP 12MG, 5, QL, PA
LENVIMA CAP 14 MG, 5, QL, PA
LENVIMA CAP 18 MG, 5, QL, PA
LENVIMA CAP 20 MG, 5, QL, PA
LENVIMA CAP 24 MG, 5, QL, PA
LENVIMA CAP 4MG, 5, QL, PA
LENVIMA CAP 8 MG, 5, QL, PA
letrozole tab 2.5 mg, 2
leucovorin calcium tab 10 mg, 4
leucovorin calcium tab 15 mg, 4
leucovorin calcium tab 25 mg, 4
leucovorin calcium tab 5 mg, 3
LEUKERAN TAB 2MG, 5
LEUKINE INJ 250MCG, 5, PA
LEUPROLIDE INJ 22.5MG, 4, QL, PA

ACRONYM GUIDE:

PA = Prior Authorization
QL = Quantity Limits
ST = Step Therapy
T1 = Preferred Generic Drugs
T2 = Generic Drugs
T3 = Preferred Brand Drugs
T4 = Non-Preferred Drugs
T5 = Specialty Drugs
T6 = Select Care Drugs

leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml), 4, QL, PA
LEVALBUTEROL AER 45/ACT, 2, QL
levetiracetam oral soln 100 mg/ml, 2
levetiracetam tab 1000 mg, 2
levetiracetam tab 250 mg, 2
levetiracetam tab 500 mg, 2
levetiracetam tab 750 mg, 2
levetiracetam tab er 24hr 500 mg, 2
levetiracetam tab er 24hr 750 mg, 2
LEVOBUNOLOL SOL 0.5% OP, 1
levocarnitine oral soln 1 gm/10ml (10%), 2
levocarnitine tab 330 mg, 3
levocetirizine dihydrochloride tab 5 mg, 1
levofloxacin in d5w iv soln 500 mg/100ml, 4
levofloxacin in d5w iv soln 750 mg/150ml, 4
levofloxacin oral soln 25 mg/ml, 3
levofloxacin tab 250 mg, 1
levofloxacin tab 500 mg, 1
levofloxacin tab 750 mg, 1
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg, 2
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 2
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg, 2
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg, 2
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg, 2
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7), 2
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7), 2
levothyroxine sodium tab 100 mcg, 1
levothyroxine sodium tab 112 mcg, 1
levothyroxine sodium tab 125 mcg, 1
levothyroxine sodium tab 137 mcg, 1
levothyroxine sodium tab 150 mcg, 1
levothyroxine sodium tab 175 mcg, 1
levothyroxine sodium tab 200 mcg, 1
levothyroxine sodium tab 25 mcg, 1
levothyroxine sodium tab 300 mcg, 1
levothyroxine sodium tab 50 mcg, 1
levothyroxine sodium tab 75 mcg, 1
levothyroxine sodium tab 88 mcg, 1
lidocaine hcl soln 4%, 3, QL, PA
lidocaine hcl viscous soln 2%, 2
lidocaine oint 5%, 3, QL, PA
lidocaine patch 5%, 3, QL, PA
lidocaine-prilocaine cream 2.5-2.5%, 4, QL
LILETTA IUD 52MG, 3
linezolid for susp 100 mg/5ml, 5
linezolid iv soln 600 mg/300ml (2 mg/ml), 4
linezolid tab 600 mg, 4
LINZESS CAP 145MCG, 3, QL
LINZESS CAP 290MCG, 3, QL
LINZESS CAP 72MCG, 3, QL
liothyronine sodium tab 25 mcg, 2
liothyronine sodium tab 5 mcg, 2
liothyronine sodium tab 50 mcg, 2
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 6
lisinopril & hydrochlorothiazide tab 20-12.5 mg, 6
lisinopril & hydrochlorothiazide tab 20-25 mg, 6
lisinopril tab 10 mg, 6
lisinopril tab 2.5 mg, 6
lisinopril tab 20 mg, 6
lisinopril tab 30 mg, 6
lisinopril tab 40 mg, 6
lisinopril tab 5 mg, 6
LITHIUM CARB CAP 600MG, 1
lithium carbonate cap 150 mg, 1
lithium carbonate cap 300 mg, 1
lithium carbonate tab 300 mg, 1
lithium carbonate tab er 300 mg, 2
lithium carbonate tab er 450 mg, 2
lithium oral solution 8 meq/5ml, 3
LIVTENCITY TAB 200MG, 5, QL
lomustine cap 10 mg, 4
lomustine cap 100 mg, 5
lomustine cap 40 mg, 4
LONSURF TAB 15-6.14, 5, QL, PA
LONSURF TAB 20-8.19, 5, QL, PA
loperamide hcl cap 2 mg, 2
lopinavir-ritonavir tab 100-25 mg, 4, QL
lopinavir-ritonavir tab 200-50 mg, 4, QL
lorazepam conc 2 mg/ml, 4, QL, PA
lorazepam tab 0.5 mg, 3, QL
lorazepam tab 1 mg, 3, QL
lorazepam tab 2 mg, 3, QL
LORBRENA TAB 100MG, 5, QL, PA
LORBRENA TAB 25MG, 5, QL, PA
losartan potassium & hydrochlorothiazide tab 100-12.5 mg, 6, QL
losartan potassium & hydrochlorothiazide tab 100-25 mg, 6, QL
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 6, QL
losartan potassium tab 100 mg, 6, QL
losartan potassium tab 25 mg, 6, QL
losartan potassium tab 50 mg, 6, QL
loteprednol etabonate ophth gel 0.5%, 4
loteprednol etabonate ophth susp 0.5%, 4
lovastatin tab 10 mg, 6, QL
lovastatin tab 20 mg, 6, QL
lovastatin tab 40 mg, 6, QL
loxapine succinate cap 10 mg, 2
loxapine succinate cap 25 mg, 2
loxapine succinate cap 5 mg, 2
loxapine succinate cap 50 mg, 2
lubiprostone cap 24 mcg, 3, QL
lubiprostone cap 8 mcg, 3, QL
LUMAKRAS TAB 120MG, 5, QL, PA
LUMAKRAS TAB 240MG, 5, QL, PA
LUMAKRAS TAB 320MG, 5, QL, PA
LUPRON DEPOT INJ 3.75MG, 5, QL, PA
LUPRON DEPOT INJ 30MG, 5, QL, PA
LUPRON DEPOT INJ 7.5MG, 5, QL, PA
lurasidone hcl tab 120 mg, 4, QL
lurasidone hcl tab 20 mg, 4, QL
lurasidone hcl tab 40 mg, 4, QL

Drug coverage varies by dosage form/strength. While a drug may appear on the covered drug list, the particular dosage form/strength may not meet the coverage requirements. Please refer to the Comprehensive Formulary for detailed coverage information. Most generic drugs are listed in lower case lettering. Most brand drugs are found in all caps. For most plans, Tier 6 medications are available at $0 copay for a 90-100 day supply at all network pharmacies. Pharmacy Benefits are subject to change.

lurasidone hcl tab 60 mg, 4, QL
lurasidone hcl tab 80 mg, 4, QL
LYBALVI TAB 10-10MG, 5, QL, PA
LYBALVI TAB 15-10MG, 5, QL, PA
LYBALVI TAB 20-10MG, 5, QL, PA
LYBALVI TAB 5-10MG, 5, QL, PA
LYNPARZA TAB 100MG, 5, QL, PA
LYNPARZA TAB 150MG, 5, QL, PA
LYSODREN TAB 500MG, 5
LYTGOBI TAB 4MG, 5, QL, PA
LYUMJEV INJ 100UT/ML, 3, QL
LYUMJEV KWPN INJ 100UT/ML, 3, QL
LYUMJEV KWPN INJ 200UT/ML, 3, QL

M

magnesium sulfate inj 50%, 4
malathion lotion 0.5%, 3
maraviroc tab 150 mg, 5, QL
maraviroc tab 300 mg, 5, QL
MARPLAN TAB 10MG, 4
MATULANE CAP 50MG, 5, PA
meclizine hcl tab 12.5 mg, 3
meclizine hcl tab 25 mg, 3
medroxyprogesterone acetate im susp 150 mg/ml, 2
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml, 2
medroxyprogesterone acetate tab 10 mg, 1
medroxyprogesterone acetate tab 2.5 mg, 1
medroxyprogesterone acetate tab 5 mg, 1
mefloquine hcl tab 250 mg, 2
megestrol acetate susp 40 mg/ml, 2
megestrol acetate tab 20 mg, 2
megestrol acetate tab 40 mg, 2
MEKINIST SOL 0.05/ML, 5, QL, PA
MEKINIST TAB 0.5MG, 5, QL, PA
MEKINIST TAB 2MG, 5, QL, PA
MEKTOVI TAB 15MG, 5, QL, PA
meloxicam tab 15 mg, 1, QL
meloxicam tab 7.5 mg, 1, QL
MEMANT TITRA PAK 5-10MG, 3, PA
memantine hcl cap er 24hr 14 mg, 4, PA
memantine hcl cap er 24hr 21 mg, 4, PA
memantine hcl cap er 24hr 28 mg, 4, PA
memantine hcl cap er 24hr 7 mg, 4, PA
memantine hcl oral solution 2 mg/ml, 4, PA
memantine hcl tab 10 mg, 2, PA
memantine hcl tab 5 mg, 2, PA
MENQUADFI INJ, 1
MENVEO INJ, 1
mercaptopurine susp 2000 mg/100ml (20 mg/ml), 5
mercaptopurine tab 50 mg, 3
meropenem iv for soln 1 gm, 3
meropenem iv for soln 500 mg, 3
MESALAMINE CAP 400MG DR, 4, QL
mesalamine cap er 24hr 0.375 gm, 4, QL
mesalamine cap er 500 mg, 4, QL
mesalamine enema 4 gm, 4
mesalamine suppos 1000 mg, 4
mesalamine tab delayed release 1.2 gm, 4, QL
mesalamine tab delayed release 800 mg, 4, QL
mesna tab 400 mg, 4
metformin hcl tab 1000 mg, 6, QL
metformin hcl tab 500 mg, 6, QL
metformin hcl tab 850 mg, 6, QL
metformin hcl tab er 24hr 500 mg, 6, QL
metformin hcl tab er 24hr 750 mg, 6, QL
methadone hcl tab 10 mg, 2, QL
methadone hcl tab 5 mg, 2, QL
methazolamide tab 25 mg, 4
methazolamide tab 50 mg, 4
methenamine hippurate tab 1 gm, 3
methimazole tab 10 mg, 1
methimazole tab 5 mg, 1
methocarbamol tab 500 mg, 2
methocarbamol tab 750 mg, 2
METHOTREXATE INJ 25MG/ML, 4
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 4
methotrexate sodium tab 2.5 mg (base equiv), 2
METHOXSALEN CAP 10MG, 5
methscopolamine bromide tab 2.5 mg, 4
methscopolamine bromide tab 5 mg, 4
methsuximide cap 300 mg, 4
methylphenidate hcl tab 10 mg, 2, QL
methylphenidate hcl tab 20 mg, 2, QL
methylphenidate hcl tab 5 mg, 2, QL
methylphenidate hcl tab er 20 mg, 3, QL
methylprednisolone tab 16 mg, 2
methylprednisolone tab 32 mg, 2
methylprednisolone tab 4 mg, 2
methylprednisolone tab 8 mg, 2
methylprednisolone tab therapy pack 4 mg (21), 2
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv), 2
metoclopramide hcl tab 10 mg (base equivalent), 1
metoclopramide hcl tab 5 mg (base equivalent), 1
metolazone tab 10 mg, 2
metolazone tab 2.5 mg, 2
metolazone tab 5 mg, 2
metoprolol & hydrochlorothiazide tab 100-25 mg, 2
metoprolol & hydrochlorothiazide tab 100-50 mg, 2
metoprolol & hydrochlorothiazide tab 50-25 mg, 2
metoprolol succinate tab er 24hr 100 mg (tartrate equiv), 1
metoprolol succinate tab er 24hr 200 mg (tartrate equiv), 1
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 1
metoprolol succinate tab er 24hr 50 mg (tartrate equiv), 1
metoprolol tartrate tab 100 mg, 1
metoprolol tartrate tab 25 mg, 1
metoprolol tartrate tab 37.5 mg, 1
metoprolol tartrate tab 50 mg, 1
metoprolol tartrate tab 75 mg, 1
metronidazole cap 375 mg, 3
metronidazole cream 0.75%, 3
metronidazole gel 0.75%, 3

ACRONYM GUIDE:

PA = Prior Authorization
QL = Quantity Limits
ST = Step Therapy
T1 = Preferred Generic Drugs
T2 = Generic Drugs
T3 = Preferred Brand Drugs
T4 = Non-Preferred Drugs
T5 = Specialty Drugs
T6 = Select Care Drugs

metronidazole gel 1%, 4
metronidazole iv soln 500 mg/100ml, 4
metronidazole lotion 0.75%, 3
metronidazole tab 250 mg, 2
metronidazole tab 500 mg, 2
metronidazole vaginal gel 0.75%, 3
metyrosine cap 250 mg, 5, QL, PA
mexiletine hcl cap 150 mg, 3
mexiletine hcl cap 200 mg, 3
mexiletine hcl cap 250 mg, 3
micafungin sodium for iv soln 100 mg, 4
micafungin sodium for iv soln 50 mg, 4
midodrine hcl tab 10 mg, 2
midodrine hcl tab 2.5 mg, 2
midodrine hcl tab 5 mg, 2
MIEBO DRO 1.3GM/ML, 3, QL
mifepristone tab 300 mg, 5, QL, PA
MIGERGOT SUP 2/100, 5
minocycline hcl cap 100 mg, 2
minocycline hcl cap 50 mg, 2
minocycline hcl cap 75 mg, 2
minocycline hcl tab 100 mg, 3
minocycline hcl tab 50 mg, 3
minocycline hcl tab 75 mg, 3
minoxidil tab 10 mg, 2
minoxidil tab 2.5 mg, 2
mirtazapine orally disintegrating tab 15 mg, 2, QL
mirtazapine orally disintegrating tab 30 mg, 2, QL
mirtazapine orally disintegrating tab 45 mg, 2, QL
mirtazapine tab 15 mg, 1, QL
mirtazapine tab 30 mg, 1, QL
mirtazapine tab 45 mg, 2, QL
mirtazapine tab 7.5 mg, 2, QL
misoprostol tab 100 mcg, 2
misoprostol tab 200 mcg, 2
M-M-R II INJ, 1
modafinil tab 100 mg, 3, QL, PA
modafinil tab 200 mg, 3, QL, PA
MODEYSO CAP 125MG, 5, QL, PA
moexipril hcl tab 15 mg, 6
moexipril hcl tab 7.5 mg, 6
MOLINDONE TAB HCL 10MG, 3, PA
MOLINDONE TAB HCL 25MG, 3, PA
MOLINDONE TAB HCL 5MG, 3, PA
mometasone furoate cream 0.1%, 2, QL
mometasone furoate nasal susp 50 mcg/act, 3, QL
mometasone furoate oint 0.1%, 2, QL
mometasone furoate solution 0.1% (lotion), 2, QL
montelukast sodium chew tab 4 mg (base equiv), 1, QL
montelukast sodium chew tab 5 mg (base equiv), 1, QL
montelukast sodium oral granules packet 4 mg (base equiv), 4, QL
montelukast sodium tab 10 mg (base equiv), 1, QL
MORPHINE SUL SOL 20MG/5ML, 3, QL
morphine sulfate oral soln 10 mg/5ml, 3, QL
morphine sulfate oral soln 100 mg/5ml (20 mg/ml), 3, QL
morphine sulfate tab 15 mg, 3, QL
morphine sulfate tab 30 mg, 3, QL
morphine sulfate tab er 100 mg, 3, QL
morphine sulfate tab er 15 mg, 3, QL
morphine sulfate tab er 200 mg, 3, QL
morphine sulfate tab er 30 mg, 3, QL
morphine sulfate tab er 60 mg, 3, QL
MOUNJARO INJ 10MG/0.5, 3, QL, PA
MOUNJARO INJ 12.5/0.5, 3, QL, PA
MOUNJARO INJ 15MG/0.5, 3, QL, PA
MOUNJARO INJ 2.5/0.5, 3, QL, PA
MOUNJARO INJ 5MG/0.5, 3, QL, PA
MOUNJARO INJ 7.5/0.5, 3, QL, PA
MOVANTIK TAB 12.5MG, 3, QL
MOVANTIK TAB 25MG, 3, QL
moxifloxacin hcl ophth soln 0.5% (base equiv), 2
moxifloxacin hcl tab 400 mg (base equiv), 3
MOXIFLOXACIN INJ 400/250, 4
MRESVIA INJ 50MCG, 1, QL
MULTAQ TAB 400MG, 4
mupirocin oint 2%, 2, QL
mycophenolate mofetil cap 250 mg, 2, PA
mycophenolate mofetil for oral susp 200 mg/ml, 5, PA
mycophenolate mofetil tab 500 mg, 2, PA
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 4, PA
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv), 4, PA
MYRBETRIQ SUS 8MG/ML, 3, QL
MYRBETRIQ TAB 25MG, 3, QL
MYRBETRIQ TAB 50MG, 3, QL

N

nabumetone tab 500 mg, 2, QL
nabumetone tab 750 mg, 2, QL
nadolol tab 20 mg, 2
nadolol tab 40 mg, 2
nadolol tab 80 mg, 2
nafcillin sodium for inj 1 gm, 4
nafcillin sodium for inj 2 gm, 4
nafcillin sodium for iv soln 10 gm, 4
NALOXONE INJ 0.4MG/ML, 3
naloxone hcl inj 0.4 mg/ml, 2
naloxone hcl soln prefilled syringe 2 mg/2ml, 2
naltrexone hcl tab 50 mg, 2
naproxen sodium tab 275 mg, 3, QL
naproxen sodium tab 550 mg, 3, QL
naproxen susp 125 mg/5ml, 4, QL
naproxen tab 250 mg, 1, QL
naproxen tab 375 mg, 1, QL
naproxen tab 500 mg, 1, QL
naproxen tab ec 375 mg, 3, QL
naproxen tab ec 500 mg, 3, QL
naratriptan hcl tab 1 mg (base equiv), 2, QL
naratriptan hcl tab 2.5 mg (base equiv), 3, QL
NATACYN SUS 5% OP, 4
nateglinide tab 120 mg, 6, QL
nateglinide tab 60 mg, 6, QL
NAYZILAM SPR 5MG, 4, QL

Drug coverage varies by dosage form/strength. While a drug may appear on the covered drug list, the particular dosage form/strength may not meet the coverage requirements. Please refer to the Comprehensive Formulary for detailed coverage information. Most generic drugs are listed in lower case lettering. Most brand drugs are found in all caps. For most plans, Tier 6 medications are available at $0 copay for a 90-100 day supply at all network pharmacies. Pharmacy Benefits are subject to change.

nebivolol hcl tab 10 mg (base equivalent), 2
nebivolol hcl tab 2.5 mg (base equivalent), 2
nebivolol hcl tab 20 mg (base equivalent), 2
nebivolol hcl tab 5 mg (base equivalent), 2
NEFAZODONE TAB 100MG, 3
NEFAZODONE TAB 150MG, 3
NEFAZODONE TAB 200MG, 3
NEFAZODONE TAB 250MG, 3
NEFAZODONE TAB 50MG, 3
NEO/POLY/BAC OIN /HC 1%OP, 2
NEO/POLY/BAC OIN OP, 2
NEO/POLY/GRA SOL OP, 2
neomycin sulfate tab 500 mg, 2
neomycin-polymyxin-dexamethasone ophth oint 0.1%, 2
neomycin-polymyxin-dexamethasone ophth susp 0.1%, 2
neomycin-polymyxin-hc otic soln 1%, 3
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%, 3
NERLYNX TAB 40MG, 5, QL, PA
NEVIRAPINE SUS 50MG/5ML, 4, QL
nevirapine tab 200 mg, 2, QL
nevirapine tab er 24hr 400 mg, 3, QL
NEXLETOL TAB 180MG, 3, QL, PA
NEXLIZET TAB 180/10MG, 3, QL, PA
NEXPLANON IMP 68MG, 3
niacin tab er 1000 mg (antihyperlipidemic), 3, QL
niacin tab er 500 mg (antihyperlipidemic), 3, QL
niacin tab er 750 mg (antihyperlipidemic), 3, QL
nicardipine hcl cap 20 mg, 4
nicardipine hcl cap 30 mg, 4
NICOTROL NS SPR 10MG/ML, 4
nifedipine cap 10 mg, 2
nifedipine cap 20 mg, 2
nifedipine tab er 24hr 30 mg, 2
nifedipine tab er 24hr 60 mg, 2
nifedipine tab er 24hr 90 mg, 2
nifedipine tab er 24hr osmotic release 30 mg, 2
nifedipine tab er 24hr osmotic release 60 mg, 2
nifedipine tab er 24hr osmotic release 90 mg, 2
nilotinib hcl cap 150 mg (base equivalent), 5, QL, PA
nilotinib hcl cap 200 mg (base equivalent), 5, QL, PA
nilotinib hcl cap 50 mg (base equivalent), 5, QL, PA
NILUTAMIDE TAB 150MG, 5
nimodipine cap 30 mg, 4
NINLARO CAP 2.3MG, 5, QL, PA
NINLARO CAP 3MG, 5, QL, PA
NINLARO CAP 4MG, 5, QL, PA
nintedanib esylate cap 100 mg (base equivalent), 5, QL, PA
nintedanib esylate cap 150 mg (base equivalent), 5, QL, PA
NISOLDIPINE TAB 17MG ER, 3
NISOLDIPINE TAB 34MG ER, 3
NISOLDIPINE TAB 8.5MG ER, 3
nitazoxanide tab 500 mg, 5, QL
nitisinone cap 10 mg, 5, PA
nitisinone cap 2 mg, 5, PA
nitisinone cap 20 mg, 5, PA
nitisinone cap 5 mg, 5, PA
nitrofurantoin macrocrystalline cap 100 mg, 2
nitrofurantoin macrocrystalline cap 50 mg, 2
nitrofurantoin monohydrate macrocrystalline cap 100 mg, 2
nitrofurantoin susp 25 mg/5ml, 5
nitroglycerin oint 0.4%, 4
nitroglycerin oint 2%, 2
nitroglycerin sl tab 0.3 mg, 2
nitroglycerin sl tab 0.4 mg, 2
nitroglycerin sl tab 0.6 mg, 2
nitroglycerin td patch 24hr 0.1 mg/hr, 2
nitroglycerin td patch 24hr 0.2 mg/hr, 2
nitroglycerin td patch 24hr 0.4 mg/hr, 2
nitroglycerin td patch 24hr 0.6 mg/hr, 2
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray), 3
NIVESTYM INJ 300/0.5, 5, PA
NIVESTYM INJ 300MCG, 5, PA
NIVESTYM INJ 480/0.8, 5, PA
NIVESTYM INJ 480MCG, 5, PA
NIZATIDINE CAP 300MG, 2
nizatidine cap 150 mg, 2
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr, 3
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 2
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg, 2
norethindrone & ethinyl estradiol tab 1 mg-35 mcg, 2
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg, 2
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg, 2
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 2
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg, 2
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 2
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg, 2
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24), 2
norethindrone acetate tab 5 mg, 2
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg, 2
norethindrone tab 0.35 mg, 2
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 2
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg, 2
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 2
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg, 2
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg, 2
nortriptyline hcl cap 10 mg, 3

ACRONYM GUIDE:

PA = Prior Authorization
QL = Quantity Limits
ST = Step Therapy
T1 = Preferred Generic Drugs
T2 = Generic Drugs
T3 = Preferred Brand Drugs
T4 = Non-Preferred Drugs
T5 = Specialty Drugs
T6 = Select Care Drugs

nortriptyline hcl cap 25 mg, 3
nortriptyline hcl cap 50 mg, 3
nortriptyline hcl cap 75 mg, 3
nortriptyline hcl soln 10 mg/5ml, 4
NORVIR POW 100MG, 4, QL
NOVOLIN INJ 70/30, 3, QL
NOVOLIN INJ 70/30 FP, 3, QL
NOVOLIN N INJ 100 UNIT, 3, QL
NOVOLIN N INJ U-100, 3, QL
NOVOLIN R INJ 100 UNIT, 3, QL
NOVOLIN R INJ U-100, 3, QL
NOVOLOG INJ 100/ML, 3, QL
NOVOLOG INJ FLEXPEN, 3, QL
NOVOLOG INJ PENFILL, 3, QL
NOVOLOG MIX INJ 70/30, 3, QL
NOVOLOG MIX INJ FLEXPEN, 3, QL
NOXAFIL PAK 300MG, 5, PA
NUBEQA TAB 300MG, 5, QL, PA
NUCALA INJ 100MG, 5, QL, PA
NUCALA INJ 100MG/ML, 5, QL, PA
NUCALA INJ 40MG/0.4, 5, QL, PA
NUCYNTA ER TAB 100MG, 5, QL, PA
NUCYNTA ER TAB 150MG, 5, QL, PA
NUCYNTA ER TAB 200MG, 5, QL, PA
NUCYNTA ER TAB 250MG, 5, QL, PA
NUCYNTA ER TAB 50MG, 4, QL, PA
NUEDEXTA CAP 20-10MG, 5, QL, PA
NUPLAZID CAP 34MG, 5, QL, PA
NUPLAZID TAB 10MG, 5, QL, PA
NURTEC TAB 75MG ODT, 3, QL, PA
NUTRILIPID EMU 20%, 4, PA
nystatin cream 100000 unit/gm, 2, QL
nystatin oint 100000 unit/gm, 2, QL
nystatin susp 100000 unit/ml, 2
nystatin tab 500000 unit, 2
nystatin topical powder 100000 unit/gm, 3, QL
nystatin-triamcinolone cream 100000-0.1 unit/gm-%, 4
nystatin-triamcinolone oint 100000-0.1 unit/gm-%, 4

O

octreotide acetate inj 100 mcg/ml (0.1 mg/ml), 4, QL, PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml), 5, QL, PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 4, QL, PA
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 4, QL, PA
octreotide acetate inj 500 mcg/ml (0.5 mg/ml), 5, QL, PA
ODEFSEY TAB, 5, QL
ODOMZO CAP 200MG, 5, QL, PA
OFEV CAP 100MG, 5, QL, PA
OFEV CAP 150MG, 5, QL, PA
OFLOXACIN TAB 400MG, 2
ofloxacin ophth soln 0.3%, 2
ofloxacin otic soln 0.3%, 3
OGSIVEO TAB 100MG, 5, QL, PA
OGSIVEO TAB 150MG, 5, QL, PA
OJEMDA SUS 25MG/ML, 5, QL, PA
OJEMDA TAB 100MG, 5, QL, PA
OJJAARA TAB 100MG, 5, QL, PA
OJJAARA TAB 150MG, 5, QL, PA
OJJAARA TAB 200MG, 5, QL, PA
olanzapine for im inj 10 mg, 4, QL, PA
olanzapine orally disintegrating tab 10 mg, 4, QL
olanzapine orally disintegrating tab 15 mg, 4, QL
olanzapine orally disintegrating tab 20 mg, 4, QL
olanzapine orally disintegrating tab 5 mg, 4, QL
olanzapine tab 10 mg, 2, QL
olanzapine tab 15 mg, 2, QL
olanzapine tab 2.5 mg, 2, QL
olanzapine tab 20 mg, 2, QL
olanzapine tab 5 mg, 2, QL
olanzapine tab 7.5 mg, 2, QL
olmesartan medoxomil tab 20 mg, 6, QL
olmesartan medoxomil tab 40 mg, 6, QL
olmesartan medoxomil tab 5 mg, 6, QL
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 6, QL
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg, 6, QL
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg, 6, QL
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 6, QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg, 6, QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg, 6, QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg, 6, QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg, 6, QL
olopatadine hcl nasal soln 0.6%, 4, QL
omega-3-acid ethyl esters cap 1 gm, 2, QL
omeprazole cap delayed release 10 mg, 1
omeprazole cap delayed release 20 mg, 1
omeprazole cap delayed release 40 mg, 1
OMNITROPE INJ 10/1.5ML, 5, PA
OMNITROPE INJ 5.8MG, 5, PA
OMNITROPE INJ 5/1.5ML, 5, PA
ondansetron hcl oral soln 4 mg/5ml, 3
ondansetron hcl tab 4 mg, 2
ondansetron hcl tab 8 mg, 2
ondansetron orally disintegrating tab 4 mg, 2
ondansetron orally disintegrating tab 8 mg, 2
ONUREG TAB 200MG, 5, QL, PA
ONUREG TAB 300MG, 5, QL, PA

Drug coverage varies by dosage form/strength. While a drug may appear on the covered drug list, the particular dosage form/strength may not meet the coverage requirements. Please refer to the Comprehensive Formulary for detailed coverage information. Most generic drugs are listed in lower case lettering. Most brand drugs are found in all caps. For most plans, Tier 6 medications are available at $0 copay for a 90-100 day supply at all network pharmacies. Pharmacy Benefits are subject to change.

OPIPZA MIS 10MG, 5, QL, PA
OPIPZA MIS 2MG, 5, QL, PA
OPIPZA MIS 5MG, 5, QL, PA
OPVEE SPR 2.7/0.1, 4
ORENITRAM TAB 0.125MG, 4, PA
ORENITRAM TAB 0.25MG, 5, PA
ORENITRAM TAB 1MG, 5, PA
ORENITRAM TAB 2.5MG, 5, PA
ORENITRAM TAB 5MG, 5, PA
ORENITRAM TAB MONTH 1, 5, PA
ORENITRAM TAB MONTH 2, 5, PA
ORENITRAM TAB MONTH 3, 5, PA
ORGOVYX TAB 120MG, 5, QL, PA
ORKAMBI TAB 100-125, 5, QL, PA
ORKAMBI TAB 200-125, 5, QL, PA
ORSERDU TAB 345MG, 5, QL, PA
ORSERDU TAB 86MG, 5, QL, PA
oseltamivir phosphate cap 30 mg (base equiv), 1, QL
oseltamivir phosphate cap 45 mg (base equiv), 1, QL
oseltamivir phosphate cap 75 mg (base equiv), 1, QL
oseltamivir phosphate for susp 6 mg/ml (base equiv), 3, QL
OTEZLA TAB 10/20, 5, QL, PA
OTEZLA TAB 10/20/30, 5, QL, PA
OTEZLA TAB 20MG, 5, QL, PA
OTEZLA TAB 30MG, 5, QL, PA
OTEZLA XR TAB 75MG, 5, QL, PA
OTEZLA/XR TAB 28 DAY, 5, QL, PA
oxaprozin tab 600 mg, 3, QL
oxcarbazepine susp 300 mg/5ml (60 mg/ml), 3
oxcarbazepine tab 150 mg, 2
oxcarbazepine tab 300 mg, 2
oxcarbazepine tab 600 mg, 2
oxybutynin chloride solution 5 mg/5ml, 2, QL
oxybutynin chloride tab 5 mg, 2, QL
oxybutynin chloride tab er 24hr 10 mg, 2, QL
oxybutynin chloride tab er 24hr 15 mg, 2, QL
oxybutynin chloride tab er 24hr 5 mg, 2, QL
oxycodone hcl soln 5 mg/5ml, 4, QL
oxycodone hcl tab 10 mg, 2, QL
oxycodone hcl tab 15 mg, 2, QL
oxycodone hcl tab 20 mg, 2, QL
oxycodone hcl tab 30 mg, 2, QL
oxycodone hcl tab 5 mg, 2, QL
oxycodone w/ acetaminophen tab 10-325 mg, 3, QL
oxycodone w/ acetaminophen tab 2.5-325 mg, 3, QL
oxycodone w/ acetaminophen tab 5-325 mg, 2, QL
oxycodone w/ acetaminophen tab 7.5-325 mg, 2, QL
OZEMPIC INJ 2MG/3ML, 3, QL, PA
OZEMPIC INJ 4MG/3ML, 3, QL, PA
OZEMPIC INJ 8MG/3ML, 3, QL, PA
OZEMPIC TAB 1.5MG, 3, QL, PA
OZEMPIC TAB 4MG, 3, QL, PA
OZEMPIC TAB 9MG, 3, QL, PA

P

paliperidone tab er 24hr 1.5 mg, 4, QL, PA
paliperidone tab er 24hr 3 mg, 4, QL, PA
paliperidone tab er 24hr 6 mg, 4, QL, PA
paliperidone tab er 24hr 9 mg, 4, QL, PA
PANRETIN GEL 0.1%, 5, QL, PA
pantoprazole sodium ec tab 20 mg (base equiv), 1
pantoprazole sodium ec tab 40 mg (base equiv), 1
paricalcitol cap 1 mcg, 3
paricalcitol cap 2 mcg, 3
paricalcitol cap 4 mcg, 3
PAROXETINE SUS 10MG/5ML, 4, QL
paroxetine hcl tab 10 mg, 1, QL
paroxetine hcl tab 20 mg, 1, QL
paroxetine hcl tab 30 mg, 1, QL
paroxetine hcl tab 40 mg, 1, QL
paroxetine hcl tab er 24hr 12.5 mg, 4, QL
paroxetine hcl tab er 24hr 25 mg, 4, QL
paroxetine hcl tab er 24hr 37.5 mg, 4, QL
PAXLOVID PAK, 3, QL
PAXLOVID TAB 150-100, 3, QL
PAXLOVID TAB 300-100, 3, QL
pazopanib hcl tab 200 mg (base equiv), 5, QL, PA
PEDIARIX INJ 0.5ML, 1
PEDVAX HIB INJ, 1
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm, 2
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm, 3
peg 3350-kcl-sod bicarb-nacl for soln 420 gm, 2
PEGASYS INJ, 5, PA
PEGASYS INJ 180MCG/M, 5, PA
PEMAZYRE TAB 13.5MG, 5, QL, PA
PEMAZYRE TAB 4.5MG, 5, QL, PA
PEMAZYRE TAB 9MG, 5, QL, PA
PEN G SODIUM INJ 5000000, 4
PEN GK/DEXTR INJ 40000/ML, 4
PEN GK/DEXTR INJ 60000/ML, 4
PENBRAYA INJ, 1
penicillamine tab 250 mg, 5
penicillin g potassium for inj 20000000 unit, 4
penicillin v potassium tab 250 mg, 1
penicillin v potassium tab 500 mg, 1
PENICILLN VK SOL 125/5ML, 2
PENICILLN VK SOL 250/5ML, 2
PENMENVY INJ, 1
PENTACEL INJ, 1
pentamidine isethionate for inj soln 300 mg, 4
pentamidine isethionate for nebulization soln 300 mg, 4, PA
PENTASA CAP 250MG CR, 4, QL
pentoxifylline tab er 400 mg, 2
perampanel susp 0.5 mg/ml, 5, QL
perampanel tab 10 mg, 4, QL
perampanel tab 12 mg, 4, QL
perampanel tab 2 mg, 4, QL
perampanel tab 4 mg, 4, QL
perampanel tab 6 mg, 4, QL
perampanel tab 8 mg, 4, QL

ACRONYM GUIDE:

PA = Prior Authorization
QL = Quantity Limits
ST = Step Therapy
T1 = Preferred Generic Drugs
T2 = Generic Drugs
T3 = Preferred Brand Drugs
T4 = Non-Preferred Drugs
T5 = Specialty Drugs
T6 = Select Care Drugs

PERINDOPRIL TAB 2MG, 6
PERINDOPRIL TAB 8MG, 6
perindopril erbumine tab 4 mg, 6
permethrin cream 5%, 3
perphenazine tab 16 mg, 3
perphenazine tab 2 mg, 3
perphenazine tab 4 mg, 3
perphenazine tab 8 mg, 3
PHENELZINE TAB 15MG, 2
PHENOBARB SOL 20MG/5ML, 2
PHENOBARB TAB 100MG, 2
PHENOBARB TAB 15MG, 2
PHENOBARB TAB 16.2MG, 2
PHENOBARB TAB 30MG, 2
PHENOBARB TAB 32.4MG, 2
PHENOBARB TAB 60MG, 2
PHENOBARB TAB 64.8MG, 2
PHENOBARB TAB 97.2MG, 2
phenoxybenzamine hcl cap 10 mg, 5
phenytoin chew tab 50 mg, 2
phenytoin sodium extended cap 100 mg, 2
phenytoin sodium extended cap 200 mg, 2
phenytoin sodium extended cap 300 mg, 2
phenytoin susp 125 mg/5ml, 2
PIFELTRO TAB 100MG, 5, QL
pilocarpine hcl ophth soln 1%, 2
pilocarpine hcl ophth soln 2%, 2
pilocarpine hcl ophth soln 4%, 2
pilocarpine hcl tab 5 mg, 3
pilocarpine hcl tab 7.5 mg, 3
pimecrolimus cream 1%, 4, QL, PA
pimozide tab 1 mg, 4
pimozide tab 2 mg, 4
pindolol tab 10 mg, 2
pindolol tab 5 mg, 2
pioglitazone hcl tab 15 mg (base equiv), 6, QL
pioglitazone hcl tab 30 mg (base equiv), 6, QL
pioglitazone hcl tab 45 mg (base equiv), 6, QL
pioglitazone hcl-glimepiride tab 30-2 mg, 6, QL
pioglitazone hcl-glimepiride tab 30-4 mg, 6, QL
pioglitazone hcl-metformin hcl tab 15-500 mg, 6, QL
pioglitazone hcl-metformin hcl tab 15-850 mg, 6, QL
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm), 4
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm), 4
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm), 4
PIQRAY 200MG TAB DOSE, 5, QL, PA
PIQRAY 250MG TAB DOSE, 5, QL, PA
PIQRAY 300MG TAB DOSE, 5, QL, PA
pirfenidone cap 267 mg, 5, QL, PA
pirfenidone tab 267 mg, 5, QL, PA
pirfenidone tab 801 mg, 5, QL, PA
piroxicam cap 10 mg, 3, QL
piroxicam cap 20 mg, 3, QL
PODOFILOX SOL 0.5%, 3
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%, 1
POMALYST CAP 1MG, 5, QL, PA
POMALYST CAP 2MG, 5, QL, PA
POMALYST CAP 3MG, 5, QL, PA
POMALYST CAP 4MG, 5, QL, PA
posaconazole tab delayed release 100 mg, 5, PA
potassium chloride cap er 10 meq, 2
potassium chloride cap er 8 meq, 2
potassium chloride inj 2 meq/ml, 4
potassium chloride microencapsulated crys er tab 10 meq, 2
potassium chloride microencapsulated crys er tab 20 meq, 2
potassium chloride oral soln 10% (20 meq/15ml), 4
potassium chloride powder packet 20 meq, 4
potassium chloride tab er 10 meq, 2
potassium chloride tab er 20 meq (1500 mg), 2
potassium chloride tab er 8 meq (600 mg), 2
potassium citrate tab er 10 meq (1080 mg), 3
potassium citrate tab er 15 meq (1620 mg), 3
potassium citrate tab er 5 meq (540 mg), 3
pramipexole dihydrochloride tab 0.125 mg, 1
pramipexole dihydrochloride tab 0.25 mg, 1
pramipexole dihydrochloride tab 0.5 mg, 1
pramipexole dihydrochloride tab 0.75 mg, 1
pramipexole dihydrochloride tab 1 mg, 1
pramipexole dihydrochloride tab 1.5 mg, 1
prasugrel hcl tab 10 mg (base equiv), 2
prasugrel hcl tab 5 mg (base equiv), 2
pravastatin sodium tab 10 mg, 6, QL
pravastatin sodium tab 20 mg, 6, QL
pravastatin sodium tab 40 mg, 6, QL
pravastatin sodium tab 80 mg, 6, QL
praziquantel tab 600 mg, 4
prazosin hcl cap 1 mg, 2
prazosin hcl cap 2 mg, 2
prazosin hcl cap 5 mg, 2
prednisolone acetate ophth susp 1%, 2
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv), 3
prednisolone soln 15 mg/5ml, 2
PREDNISONE SOL 5MG/5ML, 2
prednisone tab 1 mg, 1
prednisone tab 10 mg, 1
prednisone tab 2.5 mg, 1
prednisone tab 20 mg, 1
prednisone tab 5 mg, 1
prednisone tab 50 mg, 1
prednisone tab therapy pack 10 mg (21), 1
prednisone tab therapy pack 10 mg (48), 1

Drug coverage varies by dosage form/strength. While a drug may appear on the covered drug list, the particular dosage form/strength may not meet the coverage requirements. Please refer to the Comprehensive Formulary for detailed coverage information. Most generic drugs are listed in lower case lettering. Most brand drugs are found in all caps. For most plans, Tier 6 medications are available at $0 copay for a 90-100 day supply at all network pharmacies. Pharmacy Benefits are subject to change.

prednisone tab therapy pack 5 mg (21), 1
prednisone tab therapy pack 5 mg (48), 1
pregabalin cap 100 mg, 2, QL
pregabalin cap 150 mg, 2, QL
pregabalin cap 200 mg, 2, QL
pregabalin cap 225 mg, 2, QL
pregabalin cap 25 mg, 2, QL
pregabalin cap 300 mg, 2, QL
pregabalin cap 50 mg, 2, QL
pregabalin cap 75 mg, 2, QL
pregabalin soln 20 mg/ml, 3, QL
PREMARIN VAG CRE 0.625MG, 3
PREMPHASE TAB, 3
PREMPRO TAB, 3
PREMPRO TAB 0.3-1.5, 3
PREMPRO TAB 0.45-1.5, 3
PREMPRO TAB 0.625-5, 3
PRETOMANID TAB 200MG, 4
PREVYMIS TAB 240MG, 5, QL
PREVYMIS TAB 480MG, 5, QL
PREZCOBIX TAB 675/150, 5, QL
PREZCOBIX TAB 800-150, 5, QL
PREZISTA SUS 100MG/ML, 5, QL
PREZISTA TAB 150MG, 5, QL
PREZISTA TAB 75MG, 4, QL
PRIFTIN TAB 150MG, 4
PRIMAQUINE TAB 26.3MG, 3
PRIMIDONE TAB 125MG, 4
primidone tab 250 mg, 2
primidone tab 50 mg, 2
PRIORIX INJ, 1
probenecid tab 500 mg, 2
prochlorperazine maleate tab 10 mg (base equivalent), 3
prochlorperazine maleate tab 5 mg (base equivalent), 3
prochlorperazine suppos 25 mg, 4
PROCRIT INJ 10000/ML, 4, PA
PROCRIT INJ 2000/ML, 4, PA
PROCRIT INJ 20000/ML, 5, PA
PROCRIT INJ 3000/ML, 4, PA
PROCRIT INJ 4000/ML, 4, PA
PROCRIT INJ 40000/ML, 5, PA
progesterone cap 100 mg, 2
progesterone cap 200 mg, 2
PROGRAF GRA 0.2MG, 4, PA
PROGRAF GRA 1MG, 4, PA
PROLASTIN-C INJ 1000MG, 5, PA
promethazine hcl oral soln 6.25 mg/5ml, 4, PA
promethazine hcl tab 12.5 mg, 4, PA
promethazine hcl tab 25 mg, 4, PA
promethazine hcl tab 50 mg, 4, PA
propafenone hcl cap er 12hr 225 mg, 4
propafenone hcl cap er 12hr 325 mg, 4
propafenone hcl cap er 12hr 425 mg, 4
propafenone hcl tab 150 mg, 2
propafenone hcl tab 225 mg, 2
propafenone hcl tab 300 mg, 2
propranolol hcl cap er 24hr 120 mg, 2
propranolol hcl cap er 24hr 160 mg, 2
propranolol hcl cap er 24hr 60 mg, 2
propranolol hcl cap er 24hr 80 mg, 2
propranolol hcl tab 10 mg, 2
propranolol hcl tab 20 mg, 2
propranolol hcl tab 40 mg, 2
propranolol hcl tab 60 mg, 2
propranolol hcl tab 80 mg, 2
propylthiouracil tab 50 mg, 2
PROQUAD INJ, 1
protriptyline hcl tab 10 mg, 4
protriptyline hcl tab 5 mg, 4
PULMOZYME SOL 1MG/ML, 5, PA
pyrazinamide tab 500 mg, 4
pyridostigmine bromide oral soln 60 mg/5ml, 4
pyridostigmine bromide tab 60 mg, 2
pyridostigmine bromide tab er 180 mg, 4
pyrimethamine tab 25 mg, 5, PA
PYRUKYND TAB 20MG, 5, QL, PA
PYRUKYND TAB 20MGX5MG, 5, QL, PA
PYRUKYND TAB 50MG, 5, QL, PA
PYRUKYND TAB 50MGX20M, 5, QL, PA
PYRUKYND TAB 5MG, 5, QL, PA
PYRUKYND TAB 5MG TP, 5, QL, PA
PYZCHIVA INJ 45/0.5ML PREFILLED SYRINGE, 4, QL, PA
PYZCHIVA INJ 45/0.5ML VIAL, 3, QL, PA
PYZCHIVA INJ 90MG/ML, 5, QL, PA

Q

QINLOCK TAB 50MG, 5, QL, PA
QNAPRIL/HCTZ TAB 10-12.5, 6
QNAPRIL/HCTZ TAB 20-12.5, 6
QNAPRIL/HCTZ TAB 20-25MG, 6
QUADRACEL INJ 0.5ML, 1
QUETIAPINE TAB 150MG, 2, QL
quetiapine fumarate tab 100 mg, 2, QL
quetiapine fumarate tab 200 mg, 2, QL
quetiapine fumarate tab 25 mg, 2, QL
quetiapine fumarate tab 300 mg, 2, QL
quetiapine fumarate tab 400 mg, 2, QL
quetiapine fumarate tab 50 mg, 2, QL
quetiapine fumarate tab er 24hr 150 mg, 3, QL
quetiapine fumarate tab er 24hr 200 mg, 3, QL
quetiapine fumarate tab er 24hr 300 mg, 3, QL
quetiapine fumarate tab er 24hr 400 mg, 3, QL
quetiapine fumarate tab er 24hr 50 mg, 3, QL
quinapril hcl tab 10 mg, 6
quinapril hcl tab 20 mg, 6
quinapril hcl tab 40 mg, 6
quinapril hcl tab 5 mg, 6
quinidine gluconate tab er 324 mg, 4
QUINIDINE SU TAB 200MG, 3
QUINIDINE SU TAB 300MG, 3
quinine sulfate cap 324 mg, 4, PA
QVAR REDIHA AER 80MCG, 3, QL
QVAR REDIHAL AER 40MCG, 3, QL

R

RABAVERT INJ, 1, PA
rabeprazole sodium ec tab 20 mg, 2, QL
RALDESY SOL 10MG/ML, 4, QL
raloxifene hcl tab 60 mg, 2
ramelteon tab 8 mg, 3, QL
ramipril cap 1.25 mg, 6
ramipril cap 10 mg, 6

ACRONYM GUIDE:

PA = Prior Authorization
QL = Quantity Limits
ST = Step Therapy
T1 = Preferred Generic Drugs
T2 = Generic Drugs
T3 = Preferred Brand Drugs
T4 = Non-Preferred Drugs
T5 = Specialty Drugs
T6 = Select Care Drugs

ramipril cap 2.5 mg, 6
ramipril cap 5 mg, 6
ranolazine tab er 12hr 1000 mg, 3, QL
ranolazine tab er 12hr 500 mg, 3, QL
rasagiline mesylate tab 0.5 mg (base equiv), 4
rasagiline mesylate tab 1 mg (base equiv), 4
RECOMBIVA HB INJ 10MCG/ML, 1, PA
RECOMBIVA HB INJ 5MCG/0.5, 1, PA
RECOMBIVA-HB INJ 40MCG/ML, 1, PA
RELENZA MIS DISKHALE, 4, QL
RELISTOR INJ 12/0.6ML, 5, QL, PA
RELISTOR INJ 8/0.4ML, 5, QL, PA
RELISTOR TAB 150MG, 5, QL, PA
repaglinide tab 0.5 mg, 6, QL
repaglinide tab 1 mg, 6, QL
repaglinide tab 2 mg, 6, QL
REPATHA INJ 140MG/ML, 3, QL, PA
REPATHA SURE INJ 140MG/ML, 3, QL, PA
RETACRIT INJ 10000UNT, 4, PA
RETACRIT INJ 20000UNI, 4, PA
RETACRIT INJ 2000UNIT, 4, PA
RETACRIT INJ 3000UNIT, 4, PA
RETACRIT INJ 40000UNT, 5, PA
RETACRIT INJ 4000UNIT, 4, PA
RETEVMO TAB 120MG, 5, QL, PA
RETEVMO TAB 160MG, 5, QL, PA
RETEVMO TAB 40MG, 5, QL, PA
RETEVMO TAB 80MG, 5, QL, PA
REVCOVI INJ 1.6MG/ML, 5, PA
REVUFORJ TAB 110MG, 5, QL, PA
REVUFORJ TAB 160MG, 5, QL, PA
REVUFORJ TAB 25MG, 5, QL, PA
REXTOVY SPR 4/0.25ML, 4
REXULTI TAB 0.25MG, 5, QL, PA
REXULTI TAB 0.5MG, 5, QL, PA
REXULTI TAB 1MG, 5, QL, PA
REXULTI TAB 2MG, 5, QL, PA
REXULTI TAB 3MG, 5, QL, PA
REXULTI TAB 4MG, 5, QL, PA
REYATAZ POW 50MG, 5, QL
REZDIFFRA TAB 100MG, 5, QL, PA
REZDIFFRA TAB 60MG, 5, QL, PA
REZDIFFRA TAB 80MG, 5, QL, PA
REZLIDHIA CAP 150MG, 5, QL, PA
REZUROCK TAB 200MG, 5, QL, PA
RHOPRESSA SOL 0.02%, 3, QL
RIBAVIRIN CAP 200MG, 3
RIBAVIRIN TAB 200MG, 3
RIDAURA CAP 3MG, 3
rifabutin cap 150 mg, 4
rifampin cap 150 mg, 2
rifampin cap 300 mg, 2
rifampin for inj 600 mg, 4
riluzole tab 50 mg, 3
RINVOQ TAB 15MG ER, 5, QL, PA
RINVOQ TAB 30MG ER, 5, QL, PA
RINVOQ TAB 45MG ER, 5, QL, PA
RINVOQ LQ SOL 1MG/ML, 5, QL, PA
risedronate sodium tab 150 mg, 3, QL
risedronate sodium tab 30 mg, 3, QL
risedronate sodium tab 35 mg, 3, QL
risedronate sodium tab 5 mg, 3, QL
risedronate sodium tab delayed release 35 mg, 3, QL
RISPERIDONE TAB 0.25 ODT, 3, QL
risperidone microspheres for im extended rel susp 12.5 mg, 4, QL
risperidone microspheres for im extended rel susp 25 mg, 4, QL
risperidone microspheres for im extended rel susp 37.5 mg, 5, QL
risperidone microspheres for im extended rel susp 50 mg, 5, QL
risperidone orally disintegrating tab 0.5 mg, 3, QL
risperidone orally disintegrating tab 1 mg, 3, QL
risperidone orally disintegrating tab 2 mg, 3, QL
risperidone orally disintegrating tab 3 mg, 3, QL
risperidone orally disintegrating tab 4 mg, 3, QL
risperidone soln 1 mg/ml, 3, QL
risperidone tab 0.25 mg, 1, QL
risperidone tab 0.5 mg, 1, QL
risperidone tab 1 mg, 1, QL
risperidone tab 2 mg, 1, QL
risperidone tab 3 mg, 1, QL
risperidone tab 4 mg, 1, QL
ritonavir tab 100 mg, 3, QL
rivaroxaban for susp 1 mg/ml, 3, QL
rivaroxaban tab 2.5 mg, 3, QL
rivastigmine tartrate cap 1.5 mg (base equivalent), 3
rivastigmine tartrate cap 3 mg (base equivalent), 3
rivastigmine tartrate cap 4.5 mg (base equivalent), 3
rivastigmine tartrate cap 6 mg (base equivalent), 3
rivastigmine td patch 24hr 13.3 mg/24hr, 4
rivastigmine td patch 24hr 4.6 mg/24hr, 4
rivastigmine td patch 24hr 9.5 mg/24hr, 4
rizatriptan benzoate oral disintegrating tab 10 mg (base eq), 2, QL
rizatriptan benzoate oral disintegrating tab 5 mg (base eq), 2, QL
rizatriptan benzoate tab 10 mg (base equivalent), 2, QL
rizatriptan benzoate tab 5 mg (base equivalent), 2, QL
ROCKLATAN DRO, 3, QL
roflumilast tab 250 mcg, 4, QL
roflumilast tab 500 mcg, 4, QL
ROMVIMZA CAP 14MG, 5, QL, PA
ROMVIMZA CAP 20MG, 5, QL, PA
ROMVIMZA CAP 30MG, 5, QL, PA
ropinirole hydrochloride tab 0.25 mg, 2
ropinirole hydrochloride tab 0.5 mg, 2
ropinirole hydrochloride tab 1 mg, 2
ropinirole hydrochloride tab 2 mg, 2
ropinirole hydrochloride tab 3 mg, 2
ropinirole hydrochloride tab 4 mg, 2
ropinirole hydrochloride tab 5 mg, 2
rosuvastatin calcium tab 10 mg, 6, QL
rosuvastatin calcium tab 20 mg, 6, QL
rosuvastatin calcium tab 40 mg, 6, QL
rosuvastatin calcium tab 5 mg, 6, QL

Drug coverage varies by dosage form/strength. While a drug may appear on the covered drug list, the particular dosage form/strength may not meet the coverage requirements. Please refer to the Comprehensive Formulary for detailed coverage information. Most generic drugs are listed in lower case lettering. Most brand drugs are found in all caps. For most plans, Tier 6 medications are available at $0 copay for a 90-100 day supply at all network pharmacies. Pharmacy Benefits are subject to change.

ROTARIX SUS, 1
ROTATEQ SOL, 1
ROZLYTREK CAP 100MG, 5, QL, PA
ROZLYTREK CAP 200MG, 5, QL, PA
ROZLYTREK PAK 50MG, 5, QL, PA
RUBRACA TAB 200MG, 5, QL, PA
RUBRACA TAB 250MG, 5, QL, PA
RUBRACA TAB 300MG, 5, QL, PA
rufinamide susp 40 mg/ml, 5, QL, PA
rufinamide tab 200 mg, 4, QL, PA
rufinamide tab 400 mg, 5, QL, PA
RUKOBIA TAB 600MG ER, 5, QL
RYBELSUS TAB 14MG, 3, QL, PA
RYBELSUS TAB 3MG, 3, QL, PA
RYBELSUS TAB 7MG, 3, QL, PA
RYDAPT CAP 25MG, 5, QL, PA
RYTARY CAP 145MG, 4
RYTARY CAP 195MG, 4
RYTARY CAP 245MG, 4
RYTARY CAP 95MG, 4

S

sacubitril-valsartan tab 24-26 mg, 3, QL
sacubitril-valsartan tab 49-51 mg, 3, QL
sacubitril-valsartan tab 97-103 mg, 3, QL
SANTYL OIN 250/GM, 4, QL
sapropterin dihydrochloride powder packet 100 mg, 5, PA
SCEMBLIX TAB 100MG, 5, QL, PA
SCEMBLIX TAB 20MG, 5, QL, PA
SCEMBLIX TAB 40MG, 5, QL, PA
scopolamine td patch 72hr 1 mg/3days, 4, QL
SECUADO DIS 3.8MG, 5, QL, PA
SECUADO DIS 5.7MG, 5, QL, PA
SECUADO DIS 7.6MG, 5, QL, PA
selegiline hcl cap 5 mg, 3
selegiline hcl tab 5 mg, 3
SELENIUM SUL LOT 2.5%, 2
SELZENTRY SOL 20MG/ML, 5, QL
SEREVENT DIS AER 50MCG, 3, QL
sertraline hcl oral concentrate for solution 20 mg/ml, 2, QL
sertraline hcl tab 100 mg, 1, QL
sertraline hcl tab 25 mg, 1, QL
sertraline hcl tab 50 mg, 1, QL
sevelamer carbonate tab 800 mg, 4
SHINGRIX INJ 50/0.5ML, 1, QL
SIGNIFOR INJ 0.3MG/ML, 5, QL, PA
SIGNIFOR INJ 0.6MG/ML, 5, QL, PA
SIGNIFOR INJ 0.9MG/ML, 5, QL, PA
sildenafil citrate tab 20 mg, 3, QL, PA
silodosin cap 4 mg, 3, QL
silodosin cap 8 mg, 3, QL
silver sulfadiazine cream 1%, 2
SIMBRINZA SUS 1-0.2%, 3
SIMLANDI KIT 20/0.2ML, 3, QL, PA
SIMLANDI KIT 40/0.4ML, 5, QL, PA
SIMLANDI 1PN KIT 80/0.8ML, 5, QL, PA
SIMLANDI 2PN INJ 40/0.4ML, 5, QL, PA
simvastatin tab 10 mg, 6, QL
simvastatin tab 20 mg, 6, QL
simvastatin tab 40 mg, 6, QL
simvastatin tab 5 mg, 6, QL
simvastatin tab 80 mg, 6, QL
sirolimus oral soln 1 mg/ml, 4, PA
sirolimus tab 0.5 mg, 3, PA
sirolimus tab 1 mg, 3, PA
sirolimus tab 2 mg, 4, PA
SIRTURO TAB 100MG, 5
SIRTURO TAB 20MG, 5
SIVEXTRO INJ 200MG, 5
SIVEXTRO TAB 200MG, 5, PA
SKYLA IUD 13.5MG, 4
SKYRIZI INJ 150MG/ML, 5, QL, PA
SKYRIZI INJ 180/1.2, 5, QL, PA
SKYRIZI INJ 360/2.4, 5, QL, PA
SKYRIZI PEN INJ 150MG/ML, 5, QL, PA
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml, 3
sodium chloride irrigation soln 0.9%, 4
sodium chloride iv soln 0.45%, 4
sodium chloride iv soln 0.9%, 4
sodium oxybate oral solution 500 mg/ml, 5, QL, PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful, 5, QL, PA
sodium phenylbutyrate tab 500 mg, 5, QL, PA
sodium polystyrene sulfonate powder, 2
sodium polystyrene sulfonate susp 15 gm/60ml, 2
SOFOS/VELPAT TAB 400-100, 5, PA
solifenacin succinate tab 10 mg, 2, QL
solifenacin succinate tab 5 mg, 2, QL
SOLIQUA INJ 100/33, 3, QL
SOLTAMOX SOL 10MG/5ML, 5
SOMAVERT INJ 10MG, 5, QL, PA
SOMAVERT INJ 15MG, 5, QL, PA
SOMAVERT INJ 20MG, 5, QL, PA
SOMAVERT INJ 25MG, 5, QL, PA
SOMAVERT INJ 30MG, 5, QL, PA
sorafenib tosylate tab 200 mg (base equivalent), 5, QL, PA
sotalol hcl (afib/afl) tab 120 mg, 2
sotalol hcl (afib/afl) tab 160 mg, 2
sotalol hcl (afib/afl) tab 80 mg, 2
sotalol hcl tab 120 mg, 2
sotalol hcl tab 160 mg, 2
sotalol hcl tab 240 mg, 2
sotalol hcl tab 80 mg, 2
SPIRIVA RESP AER 1.25MCG, 3, QL
SPIRIVA RESP AER 2.5MCG, 3, QL
spironolactone & hydrochlorothiazide tab 25-25 mg, 2
spironolactone tab 100 mg, 1
spironolactone tab 25 mg, 1
spironolactone tab 50 mg, 1
SPRITAM TAB 250MG, 4
SPRITAM TAB 500MG, 4
STEQEYMA INJ 45/0.5ML, 4, QL, PA
STEQEYMA INJ 90MG/ML, 5, QL, PA
STIOLTO AER 2.5-2.5, 3, QL
STIVARGA TAB 40MG, 5, QL, PA
STOBOCLO INJ 60MG/ML, 4, QL, PA
STREPTOMYCIN INJ 1GM, 5
STRIBILD TAB, 5, QL
SUBVENITE SUS 10MG/ML, 5, QL
sucralfate tab 1 gm, 2
SULF/PRED NA SOL OP, 2
SULFACET SOD SOL 10% OP, 2
sulfacetamide sodium lotion 10% (acne), 3
sulfadiazine tab 500 mg, 5

ACRONYM GUIDE:

PA = Prior Authorization
QL = Quantity Limits
ST = Step Therapy
T1 = Preferred Generic Drugs
T2 = Generic Drugs
T3 = Preferred Brand Drugs
T4 = Non-Preferred Drugs
T5 = Specialty Drugs
T6 = Select Care Drugs

sulfamethoxazole-trimethoprim susp 200-40 mg/5ml, 3
sulfamethoxazole-trimethoprim tab 400-80 mg, 1
sulfamethoxazole-trimethoprim tab 800-160 mg, 1
sulfasalazine tab 500 mg, 2
sulfasalazine tab delayed release 500 mg, 2
sulindac tab 150 mg, 2, QL
sulindac tab 200 mg, 2, QL
sumatriptan nasal spray 20 mg/act, 4, QL
sumatriptan nasal spray 5 mg/act, 4, QL
sumatriptan succinate inj 6 mg/0.5ml, 4, QL
sumatriptan succinate solution auto-injector 6 mg/0.5ml, 4, QL
sumatriptan succinate tab 100 mg, 2, QL
sumatriptan succinate tab 25 mg, 2, QL
sumatriptan succinate tab 50 mg, 2, QL
sunitinib malate cap 12.5 mg (base equivalent), 5, QL, PA
sunitinib malate cap 25 mg (base equivalent), 5, QL, PA
sunitinib malate cap 37.5 mg (base equivalent), 5, QL, PA
sunitinib malate cap 50 mg (base equivalent), 5, QL, PA
SUNLENCA TAB 300MG, 5, QL
SUTAB TAB, 4
SYMPAZAN MIS 10MG, 5, QL, PA
SYMPAZAN MIS 20MG, 5, QL, PA
SYMPAZAN MIS 5MG, 4, QL, PA
SYMTUZA TAB, 5, QL
SYNJARDY TAB, 3, QL
SYNJARDY TAB 12.5-500, 3, QL
SYNJARDY TAB 5-1000MG, 3, QL
SYNJARDY TAB 5-500MG, 3, QL
SYNJARDY XR TAB, 3, QL
SYNJARDY XR TAB 10-1000, 3, QL
SYNJARDY XR TAB 25-1000, 3, QL
SYNJARDY XR TAB 5-1000MG, 3, QL
SYNTHROID TAB 100MCG, 3
SYNTHROID TAB 112MCG, 3
SYNTHROID TAB 125MCG, 3
SYNTHROID TAB 137MCG, 3
SYNTHROID TAB 150MCG, 3
SYNTHROID TAB 175MCG, 3
SYNTHROID TAB 200MCG, 3
SYNTHROID TAB 25MCG, 3
SYNTHROID TAB 300MCG, 3
SYNTHROID TAB 50MCG, 3
SYNTHROID TAB 75MCG, 3
SYNTHROID TAB 88MCG, 3

T

TABLOID TAB 40MG, 5
TABRECTA TAB 150MG, 5, QL, PA
TABRECTA TAB 200MG, 5, QL, PA
tacrolimus cap 0.5 mg, 3, PA
tacrolimus cap 1 mg, 3, PA
tacrolimus cap 5 mg, 3, PA
tacrolimus oint 0.03%, 4, QL
tacrolimus oint 0.1%, 4, QL
tadalafil tab 2.5 mg, 4, QL, PA
tadalafil tab 20 mg (pah), 4, QL, PA
tadalafil tab 5 mg, 4, QL, PA
TAFINLAR CAP 50MG, 5, QL, PA
TAFINLAR CAP 75MG, 5, QL, PA
TAFINLAR TAB 10MG, 5, QL, PA
TAGRISSO TAB 40MG, 5, QL, PA
TAGRISSO TAB 80MG, 5, QL, PA
TALZENNA CAP 0.1MG, 5, QL, PA
TALZENNA CAP 0.25MG, 5, QL, PA
TALZENNA CAP 0.35MG, 5, QL, PA
TALZENNA CAP 0.5MG, 5, QL, PA
TALZENNA CAP 0.75MG, 5, QL, PA
TALZENNA CAP 1MG, 5, QL, PA
tamoxifen citrate tab 10 mg (base equivalent), 2
tamoxifen citrate tab 20 mg (base equivalent), 2
tamsulosin hcl cap 0.4 mg, 1, QL
TARPEYO CAP 4MG, 5, PA
tasimelteon capsule 20 mg, 5, QL, PA
tazarotene cream 0.05%, 4, QL, PA
tazarotene cream 0.1%, 4, QL, PA
tazarotene gel 0.05%, 4, QL, PA
tazarotene gel 0.1%, 4, QL, PA
TAZICEF INJ 6GM, 4
TELMIS/AMLOD TAB 40-10MG, 6, QL
TELMIS/AMLOD TAB 40-5MG, 6, QL
TELMIS/AMLOD TAB 80-10MG, 6, QL
TELMIS/AMLOD TAB 80-5MG, 6, QL
telmisartan tab 20 mg, 6, QL
telmisartan tab 40 mg, 6, QL
telmisartan tab 80 mg, 6, QL
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 6, QL
telmisartan-hydrochlorothiazide tab 80-12.5 mg, 6, QL
telmisartan-hydrochlorothiazide tab 80-25 mg, 6, QL
TENIVAC INJ 5-2LF, 1, PA
tenofovir disoproxil fumarate tab 300 mg, 4, QL
TEPMETKO TAB 225MG, 5, QL, PA
terazosin hcl cap 1 mg (base equivalent), 1, QL
terazosin hcl cap 10 mg (base equivalent), 1, QL
terazosin hcl cap 2 mg (base equivalent), 1, QL
terazosin hcl cap 5 mg (base equivalent), 1, QL
terbinafine hcl tab 250 mg, 1, QL
terbutaline sulfate tab 2.5 mg, 3
terbutaline sulfate tab 5 mg, 3
terconazole vaginal cream 0.4%, 2
terconazole vaginal cream 0.8%, 2
terconazole vaginal suppos 80 mg, 3
teriflunomide tab 14 mg, 5, QL, PA
teriflunomide tab 7 mg, 5, QL, PA
TESTOST ENAN INJ 200MG/ML, 3, QL
testosterone cypionate im inj in oil 100 mg/ml, 2, QL
testosterone cypionate im inj in oil 200 mg/ml, 2, QL
TESTOSTERONE GEL 1.62%, 3, QL, PA
testosterone td gel 12.5 mg/act (1%), 3, QL, PA
testosterone td gel 20.25 mg/act (1.62%), 3, QL, PA

Drug coverage varies by dosage form/strength. While a drug may appear on the covered drug list, the particular dosage form/strength may not meet the coverage requirements. Please refer to the Comprehensive Formulary for detailed coverage information. Most generic drugs are listed in lower case lettering. Most brand drugs are found in all caps. For most plans, Tier 6 medications are available at $0 copay for a 90-100 day supply at all network pharmacies. Pharmacy Benefits are subject to change.

testosterone td gel 25 mg/2.5gm (1%), 3, QL, PA
testosterone td gel 40.5 mg/2.5gm (1.62%), 3, QL, PA
testosterone td gel 50 mg/5gm (1%), 3, QL, PA
tetrabenazine tab 12.5 mg, 4, QL, PA
tetrabenazine tab 25 mg, 5, QL, PA
tetracycline hcl cap 250 mg, 4
tetracycline hcl cap 500 mg, 4
THALOMID CAP 100MG, 5, QL, PA
THALOMID CAP 50MG, 5, QL, PA
theophylline tab er 12hr 300 mg, 2
theophylline tab er 12hr 450 mg, 2
theophylline tab er 24hr 400 mg, 2
theophylline tab er 24hr 600 mg, 2
thioridazine hcl tab 10 mg, 2
thioridazine hcl tab 100 mg, 2
thioridazine hcl tab 25 mg, 2
thioridazine hcl tab 50 mg, 2
thiothixene cap 1 mg, 3
thiothixene cap 10 mg, 3
thiothixene cap 2 mg, 3
thiothixene cap 5 mg, 3
TIAGABINE TAB 12MG, 4
TIAGABINE TAB 16MG, 4
tiagabine hcl tab 2 mg, 4
tiagabine hcl tab 4 mg, 4
TIBSOVO TAB 250MG, 5, QL, PA
ticagrelor tab 60 mg, 3
ticagrelor tab 90 mg, 3
TICOVAC INJ, 1
tigecycline for iv soln 50 mg, 4
TIMOLOL MAL TAB 20MG, 3
TIMOLOL MAL TAB 5MG, 2
timolol maleate ophth gel forming soln 0.25%, 3
timolol maleate ophth gel forming soln 0.5%, 3
timolol maleate ophth soln 0.25%, 1
timolol maleate ophth soln 0.5%, 1
timolol maleate ophth soln 0.5% (once-daily), 3
timolol maleate tab 10 mg, 3
tinidazole tab 250 mg, 4
tinidazole tab 500 mg, 4
tiotropium bromide inhal cap 18 mcg (base equiv), 3, QL
TIVICAY TAB 50MG, 5, QL
TIVICAY PD TAB 5MG, 5, QL
tizanidine hcl cap 2 mg (base equivalent), 3
tizanidine hcl cap 4 mg (base equivalent), 3
tizanidine hcl cap 6 mg (base equivalent), 3
tizanidine hcl tab 2 mg (base equivalent), 1
tizanidine hcl tab 4 mg (base equivalent), 1
TOBI PODHALR CAP 28MG, 5, QL, PA
TOBRADEX OIN 0.3-0.1%, 4
TOBRAMYCIN INJ 10MG/ML, 4
tobramycin nebu soln 300 mg/5ml, 5, QL, PA
tobramycin ophth soln 0.3%, 2
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv), 4
tobramycin-dexamethasone ophth susp 0.3-0.1%, 3
tolcapone tab 100 mg, 5
tolterodine tartrate cap er 24hr 2 mg, 4, QL
tolterodine tartrate cap er 24hr 4 mg, 4, QL
tolterodine tartrate tab 1 mg, 3, QL
tolterodine tartrate tab 2 mg, 3, QL
tolvaptan (hyponatremia) tab 15 mg, 5, PA
tolvaptan (hyponatremia) tab 30 mg, 5, PA
tolvaptan tab 15 mg, 5, QL, PA
tolvaptan tab 30 mg, 5, QL, PA
tolvaptan tab therapy pack 15 mg, 5, QL, PA
topiramate oral soln 25 mg/ml, 4, QL
topiramate sprinkle cap 15 mg, 3
topiramate sprinkle cap 25 mg, 2
topiramate tab 100 mg, 1
topiramate tab 200 mg, 1
topiramate tab 25 mg, 1
topiramate tab 50 mg, 1
toremifene citrate tab 60 mg (base equivalent), 4
torsemide tab 10 mg, 1
torsemide tab 100 mg, 1
torsemide tab 20 mg, 1
torsemide tab 5 mg, 1
TOUJEO MAX INJ 300/ML, 3, QL
TOUJEO SOLO INJ 300/ML, 3, QL
TRADJENTA TAB 5MG, 3, QL
tramadol hcl tab 50 mg, 2, QL
tramadol hcl tab er 24hr 100 mg, 3, QL
tramadol hcl tab er 24hr 200 mg, 3, QL
tramadol hcl tab er 24hr 300 mg, 3, QL, PA
tramadol-acetaminophen tab 37.5-325 mg, 2, QL
TRANDO/VERAP TAB 2-180 ER, 6
TRANDO/VERAP TAB 2-240 ER, 6
TRANDO/VERAP TAB 4-240 ER, 6
trandolapril tab 1 mg, 6
trandolapril tab 2 mg, 6
trandolapril tab 4 mg, 6
tranexamic acid tab 650 mg, 3
tranylcypromine sulfate tab 10 mg, 3
TRAVASOL INJ 10%, 4, PA
travoprost ophth soln 0.004% (benzalkonium free) (bak free), 3, QL
trazodone hcl tab 100 mg, 1
trazodone hcl tab 150 mg, 1
trazodone hcl tab 300 mg, 3
trazodone hcl tab 50 mg, 1
TRELEGY AER 100MCG, 3, QL
TRELEGY AER 200MCG, 3, QL
tretinoin cap 10 mg, 5, PA
tretinoin cream 0.025%, 3, QL
tretinoin cream 0.05%, 3, QL
tretinoin cream 0.1%, 3, QL
tretinoin gel 0.01%, 3, QL
tretinoin gel 0.025%, 3, QL
TRIAMCINOLON LOT 0.025%, 2, QL
triamcinolone acetonide cream 0.025%, 2, QL

ACRONYM GUIDE:

PA = Prior Authorization
QL = Quantity Limits
ST = Step Therapy
T1 = Preferred Generic Drugs
T2 = Generic Drugs
T3 = Preferred Brand Drugs
T4 = Non-Preferred Drugs
T5 = Specialty Drugs
T6 = Select Care Drugs

triamcinolone acetonide cream 0.1%, 1, QL
triamcinolone acetonide cream 0.5%, 2, QL
triamcinolone acetonide dental paste 0.1%, 3
triamcinolone acetonide lotion 0.1%, 2, QL
triamcinolone acetonide oint 0.025%, 2, QL
triamcinolone acetonide oint 0.1%, 2, QL
triamcinolone acetonide oint 0.5%, 2, QL
triamterene & hydrochlorothiazide cap 37.5-25 mg, 1
triamterene & hydrochlorothiazide tab 37.5-25 mg, 1
triamterene & hydrochlorothiazide tab 75-50 mg, 1
trientine hcl cap 250 mg, 5, QL, PA
trifluoperazine hcl tab 1 mg (base equivalent), 3
trifluoperazine hcl tab 10 mg (base equivalent), 3
trifluoperazine hcl tab 2 mg (base equivalent), 3
trifluoperazine hcl tab 5 mg (base equivalent), 3
TRIFLURIDINE SOL 1% OP, 3
trihexyphenidyl hcl tab 2 mg, 2
trihexyphenidyl hcl tab 5 mg, 2
TRIKAFTA PAK 59.5MG, 5, QL, PA
TRIKAFTA PAK 75MG, 5, QL, PA
TRIKAFTA TAB, 5, QL, PA
trimethoprim tab 100 mg, 2
trimipramine maleate cap 100 mg, 3
trimipramine maleate cap 25 mg, 3
trimipramine maleate cap 50 mg, 3
TRINTELLIX TAB 10MG, 4, QL
TRINTELLIX TAB 20MG, 4, QL
TRINTELLIX TAB 5MG, 4, QL
TRIUMEQ TAB, 5, QL
TRIUMEQ PD TAB, 4, QL
TROPHAMINE INJ 10%, 4, PA
trospium chloride cap er 24hr 60 mg, 4, QL
trospium chloride tab 20 mg, 3, QL
TRULICITY INJ 0.75/0.5, 3, QL, PA
TRULICITY INJ 1.5/0.5, 3, QL, PA
TRULICITY INJ 3/0.5, 3, QL, PA
TRULICITY INJ 4.5/0.5, 3, QL, PA
TRUMENBA INJ, 1
TRUQAP PAK 160MG, 5, QL, PA
TRUQAP TAB 200MG, 5, QL, PA
TUKYSA TAB 150MG, 5, QL, PA
TUKYSA TAB 50MG, 5, QL, PA
TURALIO CAP 125MG, 5, QL, PA
TWINRIX INJ, 1
TYENNE INJ 162/0.9, 5, QL, PA
TYENNE INJ 162MG, 5, QL, PA
TYMLOS INJ, 5, PA
TYPHIM VI INJ, 1

U

ursodiol cap 300 mg, 3
ursodiol tab 250 mg, 3
ursodiol tab 500 mg, 3

V

valacyclovir hcl tab 1 gm, 2
valacyclovir hcl tab 500 mg, 2
VALCHLOR GEL 0.016%, 5, QL, PA
valganciclovir hcl for soln 50 mg/ml (base equiv), 5
valganciclovir hcl tab 450 mg (base equivalent), 3
valproate sodium oral soln 250 mg/5ml (base equiv), 2
valproic acid cap 250 mg, 2
valsartan tab 160 mg, 6, QL
valsartan tab 320 mg, 6, QL
valsartan tab 40 mg, 6, QL
valsartan tab 80 mg, 6, QL
valsartan-hydrochlorothiazide tab 160-12.5 mg, 6, QL
valsartan-hydrochlorothiazide tab 160-25 mg, 6, QL
valsartan-hydrochlorothiazide tab 320-12.5 mg, 6, QL
valsartan-hydrochlorothiazide tab 320-25 mg, 6, QL
valsartan-hydrochlorothiazide tab 80-12.5 mg, 6, QL
VALTOCO SPR 10MG, 5, QL
VALTOCO SPR 15MG, 5, QL
VALTOCO SPR 20MG, 5, QL
VALTOCO SPR 5MG, 5, QL
VALTYA 1/50 TAB, 2
vancomycin hcl cap 125 mg (base equivalent), 4, QL
vancomycin hcl cap 250 mg (base equivalent), 4, QL
vancomycin hcl for iv soln 1 gm (base equivalent), 4
vancomycin hcl for iv soln 10 gm (base equivalent), 4
vancomycin hcl for iv soln 500 mg (base equivalent), 4
vancomycin hcl for iv soln 750 mg (base equivalent), 4
VANFLYTA TAB 17.7MG, 5, QL, PA
VANFLYTA TAB 26.5MG, 5, QL, PA
VAQTA INJ 25/0.5ML, 1
VAQTA INJ 50UNT/ML, 1
varenicline tartrate tab 0.5 mg (base equiv), 3
varenicline tartrate tab 1 mg (base equiv), 3
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack, 3
VARIVAX INJ, 1
VASCEPA CAP 0.5GM, 3, QL
VASCEPA CAP 1GM, 3, QL
VAXCHORA SUS, 1
VELIVET PAK, 2
VELSIPITY TAB 2MG, 5, QL, PA
VELTASSA POW 16.8GM, 3, QL
VELTASSA POW 1GM, 3, QL
VELTASSA POW 25.2GM, 3, QL
VELTASSA POW 8.4GM, 3, QL
VEMLIDY TAB 25MG, 5, QL, PA
VENCLEXTA TAB 100MG, 5, QL, PA
VENCLEXTA TAB 10MG, 3, QL, PA
VENCLEXTA TAB 50MG, 5, QL, PA

Drug coverage varies by dosage form/strength. While a drug may appear on the covered drug list, the particular dosage form/strength may not meet the coverage requirements. Please refer to the Comprehensive Formulary for detailed coverage information. Most generic drugs are listed in lower case lettering. Most brand drugs are found in all caps. For most plans, Tier 6 medications are available at $0 copay for a 90-100 day supply at all network pharmacies. Pharmacy Benefits are subject to change.

VENCLEXTA TAB START PK, 5, QL, PA
venlafaxine hcl cap er 24hr 150 mg (base equivalent), 1
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 1
venlafaxine hcl cap er 24hr 75 mg (base equivalent), 1
venlafaxine hcl tab 100 mg (base equivalent), 2, QL
venlafaxine hcl tab 25 mg (base equivalent), 2, QL
venlafaxine hcl tab 37.5 mg (base equivalent), 2, QL
venlafaxine hcl tab 50 mg (base equivalent), 2, QL
venlafaxine hcl tab 75 mg (base equivalent), 2, QL
venlafaxine hcl tab er 24hr 150 mg (base equivalent), 4
venlafaxine hcl tab er 24hr 225 mg (base equivalent), 4
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent), 4
venlafaxine hcl tab er 24hr 75 mg (base equivalent), 4
VENTOLIN HFA AER, 3, QL
VERAPAMIL CAP 100MG ER, 2
VERAPAMIL CAP 200MG ER, 2
VERAPAMIL CAP 300MG ER, 2
VERAPAMIL CAP 360MG SR, 2
verapamil hcl cap er 24hr 120 mg, 2
verapamil hcl cap er 24hr 180 mg, 2
verapamil hcl cap er 24hr 240 mg, 2
verapamil hcl tab 120 mg, 1
verapamil hcl tab 40 mg, 1
verapamil hcl tab 80 mg, 1
verapamil hcl tab er 120 mg, 1
verapamil hcl tab er 180 mg, 1
verapamil hcl tab er 240 mg, 1
VERQUVO TAB 10MG, 3, QL
VERQUVO TAB 2.5MG, 3, QL
VERQUVO TAB 5MG, 3, QL
VERSACLOZ SUS 50MG/ML, 5, QL, PA
VERZENIO TAB 100MG, 5, QL, PA
VERZENIO TAB 150MG, 5, QL, PA
VERZENIO TAB 200MG, 5, QL, PA
VERZENIO TAB 50MG, 5, QL, PA
VIBERZI TAB 100MG, 5, QL, PA
VIBERZI TAB 75MG, 5, QL, PA
vigabatrin powd pack 500 mg, 5, QL
vigabatrin tab 500 mg, 5, QL
VIGAFYDE SOL 100MG/ML, 5, QL
vilazodone hcl tab 10 mg, 4, QL
vilazodone hcl tab 20 mg, 4, QL
vilazodone hcl tab 40 mg, 4, QL
VIMKUNYA INJ 40/0.8ML, 1
VIRACEPT TAB 250MG, 5, QL
VIRACEPT TAB 625MG, 5, QL
VIREAD POW 40MG/GM, 5, QL
VIREAD TAB 150MG, 5, QL
VIREAD TAB 200MG, 5, QL
VIREAD TAB 250MG, 5, QL
VITRAKVI CAP 100MG, 5, QL, PA
VITRAKVI CAP 25MG, 5, QL, PA
VITRAKVI SOL 20MG/ML, 5, QL, PA
VIVITROL INJ 380MG, 5
VIVOTIF CAP EC, 1
VIZIMPRO TAB 15MG, 5, QL, PA
VIZIMPRO TAB 30MG, 5, QL, PA
VIZIMPRO TAB 45MG, 5, QL, PA
VONJO CAP 100MG, 5, QL, PA
VOQUEZNA PAK DUAL PAK, 4
VOQUEZNA PAK TRIP PK, 4
VORANIGO TAB 10MG, 5, QL, PA
VORANIGO TAB 40MG, 5, QL, PA
voriconazole for inj 200 mg, 4, PA
voriconazole for susp 40 mg/ml, 5, PA
voriconazole tab 200 mg, 4, PA
voriconazole tab 50 mg, 4, PA
VOSEVI TAB, 5, PA
VOWST CAP, 5, QL, PA
VRAYLAR CAP 0.5MG, 3, QL
VRAYLAR CAP 0.75MG, 3, QL
VRAYLAR CAP 1.5MG, 3, QL
VRAYLAR CAP 3MG, 3, QL
VRAYLAR CAP 4.5MG, 3, QL
VRAYLAR CAP 6MG, 3, QL
VUMERITY CAP 231MG, 5, QL, PA
VYZULTA SOL 0.024%, 3, QL

W

warfarin sodium tab 1 mg, 1
warfarin sodium tab 10 mg, 1
warfarin sodium tab 2 mg, 1
warfarin sodium tab 2.5 mg, 1
warfarin sodium tab 3 mg, 1
warfarin sodium tab 4 mg, 1
warfarin sodium tab 5 mg, 1
warfarin sodium tab 6 mg, 1
warfarin sodium tab 7.5 mg, 1
WEGOVY INJ 0.25MG, 3, QL, PA
WEGOVY INJ 0.5MG, 3, QL, PA
WEGOVY INJ 1.7MG, 3, QL, PA
WEGOVY INJ 1MG, 3, QL, PA
WEGOVY INJ 2.4MG, 3, QL, PA
WEGOVY TAB 1.5MG, 3, QL, PA
WEGOVY TAB 25MG, 3, QL, PA
WEGOVY TAB 4MG, 3, QL, PA
WEGOVY TAB 9MG, 3, QL, PA
WELIREG TAB 40MG, 5, QL, PA
WINREVAIR INJ 45MG, 5, QL, PA
WINREVAIR INJ 60MG, 5, QL, PA

X

XALKORI CAP 150MG, 5, QL, PA
XALKORI CAP 200MG, 5, QL, PA
XALKORI CAP 20MG, 5, QL, PA
XALKORI CAP 250MG, 5, QL, PA
XALKORI CAP 50MG, 5, QL, PA
XARELTO TAB 10MG, 3, QL
XARELTO TAB 15MG, 3, QL
XARELTO TAB 20MG, 3, QL
XARELTO STAR TAB 15/20MG, 3, QL
XATMEP SOL 2.5MG/ML, 4, PA
XCOPRI PAK 100-150, 5, QL
XCOPRI PAK 12.5-25, 4, QL
XCOPRI PAK 150-200, 5, QL
XCOPRI PAK 50-100MG, 5, QL
XCOPRI TAB 100MG, 5, QL
XCOPRI TAB 150MG, 5, QL
XCOPRI TAB 200MG, 5, QL
XCOPRI TAB 25MG, 5, QL
XCOPRI TAB 50MG, 5, QL
XDEMVY DRO 0.25%, 5, PA

ACRONYM GUIDE:

PA = Prior Authorization
QL = Quantity Limits
ST = Step Therapy
T1 = Preferred Generic Drugs
T2 = Generic Drugs
T3 = Preferred Brand Drugs
T4 = Non-Preferred Drugs
T5 = Specialty Drugs
T6 = Select Care Drugs

XERMELO TAB 250MG, 5, QL, PA
XIFAXAN TAB 200MG, 3, QL, PA
XIFAXAN TAB 550MG, 3, QL, PA
XIIDRA DRO 5%, 3, QL
XOLAIR INJ 150MG/ML, 5, PA
XOLAIR INJ 300/2ML, 5, PA
XOLAIR INJ 75/0.5, 5, PA
XOLAIR SOL 150MG, 5, PA
XOSPATA TAB 40MG, 5, QL, PA
XPOVIO PAK 40MG, 5, QL, PA
XPOVIO PAK 50MG, 5, QL, PA
XPOVIO PAK 60MG, 5, QL, PA
XPOVIO PAK 80MG, 5, QL, PA
XTANDI CAP 40MG, 5, QL, PA
XTANDI TAB 40MG, 5, QL, PA
XTANDI TAB 80MG, 5, QL, PA

Y

YF-VAX INJ, 1
YONSA TAB 125MG, 5, QL, PA

Z

zafirlukast tab 10 mg, 3, QL
zafirlukast tab 20 mg, 3, QL
zaleplon cap 10 mg, 2, QL
zaleplon cap 5 mg, 2, QL
ZEJULA TAB 100MG, 5, QL, PA
ZEJULA TAB 200MG, 5, QL, PA
ZEJULA TAB 300MG, 5, QL, PA
ZELBORAF TAB 240MG, 5, QL, PA
ZENPEP CAP 10000UNT, 3
ZENPEP CAP 15000UNT, 3
ZENPEP CAP 20000UNT, 3
ZENPEP CAP 25000UNT, 3
ZENPEP CAP 3000UNIT, 3
ZENPEP CAP 40000UNT, 3
ZENPEP CAP 5000UNIT, 3
ZENPEP CAP 60000UNT, 3
zidovudine cap 100 mg, 2, QL
zidovudine syrup 10 mg/ml, 3, QL
zidovudine tab 300 mg, 2, QL
ziprasidone hcl cap 20 mg, 2, QL
ziprasidone hcl cap 40 mg, 2, QL
ziprasidone hcl cap 60 mg, 2, QL
ziprasidone hcl cap 80 mg, 2, QL
ziprasidone mesylate for inj 20 mg (base equivalent), 4, QL, PA
ZIRGAN GEL 0.15%, 4
ZOKINVY CAP 50MG, 5, QL, PA
ZOKINVY CAP 75MG, 5, QL, PA
ZOLINZA CAP 100MG, 5, QL, PA
zolpidem tartrate tab 10 mg, 1, QL
zolpidem tartrate tab 5 mg, 1, QL
zolpidem tartrate tab er 12.5 mg, 3, QL
zolpidem tartrate tab er 6.25 mg, 3, QL
ZONISADE SUS 100MG/5, 4, QL
zonisamide cap 100 mg, 2
zonisamide cap 25 mg, 2
zonisamide cap 50 mg, 2
ZORYVE CRE 0.05%, 4, QL, PA
ZORYVE CRE 0.15%, 4, QL, PA
ZTALMY SUS 50MG/ML, 5, QL, PA
ZURZUVAE CAP 20MG, 5, QL
ZURZUVAE CAP 25MG, 5, QL
ZURZUVAE CAP 30MG, 5, QL
ZYKADIA TAB 150MG, 5, QL, PA
ZYMFENTRA INJ 120MG/ML, 5, QL, PA

Drug coverage varies by dosage form/strength. While a drug may appear on the covered drug list, the particular dosage form/strength may not meet the coverage requirements. Please refer to the Comprehensive Formulary for detailed coverage information. Most generic drugs are listed in lower case lettering. Most brand drugs are found in all caps. For most plans, Tier 6 medications are available at $0 copay for a 90-100 day supply at all network pharmacies. Pharmacy Benefits are subject to change.

ENROLL NOW

Ready to join Alignment Health Plan?

SELECT AN ENROLLMENT METHOD THAT WORKS BEST FOR YOU.

1. Schedule a meeting with an Alignment Health Plan representative for personalized assistance.

2. Visit https://www.alignmenthealthplan.com/find-a-plan, or scan this QR code. Enter your ZIP code and choose the plan you wish to enroll in.

   - Complete the applicant information form.
   - Have your Medicare ID number ready.
   - Confirm your eligibility for Medicare Advantage enrollment.
   - Select a Primary Care Provider (optional for PPO plans).
   - Provide your email address to receive updates and notifications (you may opt out at any time).

3. Call Alignment Health Plan at 888-979-2247 (TTY 711). Representatives are available to assist you 8 a.m. – 8 p.m. Monday through Sunday.

PRE-ENROLLMENT CHECKLIST

Alignment Health Plan®

UNDERSTANDING THE BENEFITS & RULES

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: 1-888-979-2247 (TTY 711), 8:00 a.m. to 8:00 p.m., 7 days a week (except holidays) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.alignmenthealthplan.com or call 1-866-634-2247 (TTY 711) for a copy of the EOC.

☐ 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 THE BENEFITS

☐ 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 copayments/co-insurance may change on January 1, 2028.

☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

☐ **Effect on Current Coverage:**
If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

ATTESTATION FOR SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL (SSBCI)

Alignment Health Plan®

Dear provider,

Members with certain conditions, who require intensive care coordination, and are at high risk for hospitalization or adverse health outcomes may be eligible for additional benefits as part of the Special Supplemental Benefits for the Chronically Ill (SSBCI). One of your patients has elected to enroll in a SSBCI benefit.

To determine your patient's eligibility, we need some information from you. Please complete the attached attestation form and return it via one of the following methods. Supporting medical records should be submitted via the standard claims process.



By fax:
323-728-1460



By mail:
P.O. Box 14010
Orange, CA 92863
ATTN: Member Services

We appreciate your support and are committed to helping you promote good health for our members. If you have any questions, please contact our Provider Services team at **(844) 361-4712**.

Sincerely,
Alignment Health Plan

SUBMISSION INSTRUCTIONS

To qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI), the member must meet all four (4) criteria below:

1. Maintain active coverage within an eligible Alignment Health Plan that offers a SSBCI benefit
2. Have a documented and active qualifying chronic condition, within the past 12 months
3. Require intensive care coordination
4. Be at high risk for hospitalization or adverse health outcomes

Please complete the attestation below verifying the member meets all qualification criteria. Medical records should be submitted via the standard claims process.

MEMBER INFORMATION

Member Identification Number:

Date of Birth (MM/DD/YYYY): ☐☐/☐☐/☐☐☐☐

First Name:

Last Name:

Middle Initial:

Phone Number: (☐☐☐) ☐☐☐ – ☐☐☐☐

Email Address:

Street Address:

City:

State: ☐☐

ZIP Code: ☐☐☐☐☐

ATTESTATION

☐ Yes, the patient's records indicate the member requires intensive care coordination, is at high risk of hospitalization or adverse health outcomes, and has an active qualifying chronic condition diagnosed within the past 12 months.

Please check all qualifying chronic conditions that apply.

- H4961-006 Alignment Health Balance 006 (PPO) and H8832-004 Alignment Health Balance Plus 004 (PPO) members only qualify if they are diagnosed with End Stage Renal Disease.
- H3815-033 Alignment Health Balance 033 (HMO C-SNP) members only qualify for if they are diagnosed with Chronic Kidney Disease.
- H6697-003 Alignment Health Bridge 003 (HMO) and H5472-013 Alignment Health Bridge 013 (HMO-POS) members only qualify if they are diagnosed with overweight, obesity, and metabolic syndrome.

Autoimmune Disorders
☐ Dermatomyositis
☐ Polyarteritis nodosa
☐ Polymyalgia rheumatica
☐ Polymyositis
☐ Psoriatic arthritis
☐ Rheumatoid arthritis
☐ Scleroderma
☐ Systemic lupus erythematosus

☐ **Cancer**

Cardiovascular Disorders
☐ Cardiac arrhythmias
☐ Coronary artery disease
☐ Peripheral vascular disease
☐ Valvular heart disease

☐ **Chronic alcohol use disorder and other substance use disorders (SUDs)**

☐ **Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell**

Chronic Gastrointestinal Disease
☐ Chronic liver disease
☐ Hepatitis B
☐ Hepatitis C
☐ Inflammatory bowel disease
☐ Irritable bowel syndrome
☐ Non-alcoholic fatty liver disease (NAFLD)
☐ Pancreatitis

☐ **Chronic Heart Failure**

☐ **Chronic Hyperlipidemia**

☐ **Chronic Hypertension**

Chronic Kidney Disease (CKD)
☐ CKD not requiring dialysis
☐ CKD requiring dialysis

Chronic Lung Disorders / COPD
☐ Asthma
☐ Chronic bronchitis
☐ Chronic Obstructive Pulmonary Disease (COPD)
☐ Cystic Fibrosis
☐ Emphysema
☐ Pulmonary fibrosis
☐ Pulmonary hypertension

Conditions Associated with Cognitive Impairment
☐ Alzheimer's disease
☐ Disabling mental illness associated with cognitive impairment
☐ Intellectual disabilities and developmental disabilities
☐ Mild cognitive impairment
☐ Traumatic brain injuries

☐ **Conditions that require continued therapy services in order for individuals to maintain or retain functioning**

Conditions with Functional Challenges and Require Similar Services Including the Following
☐ Arthritis
☐ Limb loss
☐ Paralysis
☐ Stroke

☐ **Dementia**

☐ **Diabetes Mellitus**

☐ **End Stage Renal Disease (ESRD)**

☐ **Immunodeficiency and Immunosuppressive disorders**

Mental Health Conditions
☐ Anxiety disorders
☐ Bipolar disorders
☐ Eating disorders
☐ Major depressive disorders
☐ Paranoid disorder
☐ Post-traumatic stress disorder (PTSD)
☐ Schizoaffective disorder
☐ Schizophrenia

Neurologic Disorders
☐ Amyotrophic lateral sclerosis (ALS)
☐ Chronic fatigue syndrome
☐ Epilepsy

OMB No. 0938-1378
12/31/2026

INDIVIDUAL ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN (PART C)

WHO CAN USE THIS FORM?

People with Medicare who want to join a Medicare Advantage HMO or PPO Plan.

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage HMO or PPO Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

WHEN DO I USE THIS FORM?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit **Medicare.gov** to learn more about when you can sign up for a plan.

WHAT DO I NEED TO COMPLETE THIS FORM?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

REMINDERS:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

WHAT HAPPENS NEXT?

Send your completed and signed form to: Alignment Health Plan P. O. Box 14010 Orange, CA 92863-9936

Once they process your request to join, they'll contact you.

HOW DO I GET HELP WITH THIS FORM?

Call Alignment Health Plan at **888-979-2247**. TTY users can call **711**.

Or, call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users can call **1-877-486-2048**.

En español: Llame a Alignment Health Plan al **888-293-8272** TTY **711** o a Medicare gratis al **1-800-633-4227** y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

INDIVIDUALS EXPERIENCING HOMELESSNESS

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., Social Security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

1. ALL FIELDS ON THIS PAGE ARE REQUIRED (unless marked optional) Effective Date: ☐☐/☐☐/☐☐☐☐

Select the plan you want to join:

H3443 • ARIZONA HMO

☐ Alignment Health ONE 008 (HMO), Pima • $0/Month
☐ Alignment Health ONE + Walgreens 001 (HMO), Maricopa • $0/Month
☐ Alignment Health ONE + Walgreens 002 (HMO), Pima, Santa Cruz • $0/Month
☐ Alignment Health Smart 005 (HMO), Maricopa, Pima, Santa Cruz • $0/Month

OPTIONAL SUPPLEMENTAL BUY UP PLAN

☐ Complete Package with Plan 005 • $64.90/Month

H3815 • CALIFORNIA HMO

☐ Alignment Health + AllCare Preferred 011 (HMO), Stanislaus • $0/Month
☐ Alignment Health + CommUnity 046 (HMO), Fresno, Madera • $0/Month
☐ Alignment Health Honor Plus 060 (HMO), Alameda, Fresno, Kern, Kings, Los Angeles, Madera, Marin, Merced, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Clara, Stanislaus, Tulare, Ventura, Yolo • $7.30/Month
☐ Alignment Health My Choice 001 (HMO), Los Angeles, Orange, Riverside, San Bernardino • $0/Month
☐ Alignment Health My Choice 028 (HMO), San Luis Obispo, Ventura • $0/Month
☐ Alignment Health My Choice 050 (HMO), Alameda, Fresno, Los Angeles, Madera, Marin, Merced, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara, Stanislaus, Ventura, Yolo • $0/Month
☐ Alignment Health My Choice 061 (HMO), Kern • $40/Month
☐ Alignment Health ONE + Walgreens 035 (HMO), Fresno, Madera, Merced • $0/Month
☐ Alignment Health Platinum 057 (HMO), Kern, Kings, Tulare • $0/Month
☐ Alignment Health Platinum 059 (HMO), San Joaquin • $0/Month
☐ Alignment Health Platinum + Instacart 008 (HMO), Los Angeles, Orange • $0/Month
☐ Alignment Health Platinum + Instacart 016 (HMO-POS), Marin, San Diego, San Francisco • $0/Month
☐ Alignment Health Sutter Advantage +More (HMO) 019, Placer, Sacramento, Yolo • $21/Month
☐ Alignment Health Sutter Advantage +More (HMO) 020, Santa Clara • $51/Month
☐ Alignment Health Sutter Advantage +More (HMO) 021, Santa Cruz • $61/Month
☐ Alignment Health Sutter Advantage +More (HMO) 023, San Francisco, San Mateo, Sonoma • $50/Month
☐ Alignment Health Smart 013 (HMO), Los Angeles, Orange, Riverside, San Bernardino, San Diego • $0/Month
☐ Alignment Health Smart 038 (HMO), Placer, Sacramento, Yolo • $0/Month
☐ Alignment Health Smart 040 (HMO), Merced, Santa Clara, Stanislaus, Ventura • $0/Month
☐ Alignment Health Smart 047 (HMO), Los Angeles, Orange, Riverside, San Bernardino, San Diego • $0/Month
☐ Alignment Health Smart 055 (HMO), Los Angeles • $0/Month
☐ Alignment Health Smart 056 (HMO), San Diego • $0/Month
☐ Alignment Health ValorCare 053 (HMO), Los Angeles, Orange, Riverside, San Bernardino, San Diego • $0/Month
☐ Central Health Harmony 031 (HMO), Alameda, San Francisco, San Mateo, Santa Clara • $0/Month

OPTIONAL SUPPLEMENTAL BUY UP PLANS

Enhanced Dental Option with Plans: ☐ 019 ☐ 020 ☐ 021 ☐ 023 • $36/Month
Enhanced Dental Option with Plans: ☐ 001 ☐ 008 ☐ 011 ☐ 028 ☐ 031 ☐ 035 ☐ 048 ☐ 054 ☐ 061 • $40/Month
Complete Package with Plans: ☐ 013 ☐ 038 ☐ 040 ☐ 047 ☐ 055 ☐ 056 • $64.90/Month

H6697 • CALIFORNIA HMO

☐ Alignment Health BRIDGE 003 (HMO), Los Angeles • $0/Month
☐ Alignment Health Platinum Preferred 004 (HMO), Orange • $0/Month
☐ Alignment Health Platinum Preferred+ 005 (HMO), Orange • $99/Month
☐ Central Health Harmony 001 (HMO), Los Angeles, Orange • $0/Month

OPTIONAL SUPPLEMENTAL BUY UP PLAN:

☐ Enhanced Dental Plan with Plan 003 • $40/Month

H4961 • CALIFORNIA PPO

☐ Alignment Health Balance 006 (PPO), San Joaquin, Stanislaus • $93/Month

☐ Alignment Health My Choice 001 (PPO), Stanislaus, Santa Cruz • $149/Month

OPTIONAL SUPPLEMENTAL BUY UP PLANS

Enhanced Dental Plan with Plans: ☐ 001 ☐ 006 • $40/Month

H8832 • CALIFORNIA PPO

☐ Alignment Health Advantage 001 (PPO), Fresno, Los Angeles, Madera, Ventura, San Joaquin, Stanislaus • $70/Month

☐ Alignment Health Advantage 002 (PPO), Santa Clara • $101.50/Month

☐ Alignment Health Advantage 005 (PPO), Los Angeles, San Diego • $160.00/Month

☐ Alignment Health Balance Plus 004 (PPO), San Diego, San Joaquin, Stanislaus • $7.30/Month

OPTIONAL SUPPLEMENTAL BUY UP PLANS

Enhanced Dental Plan with Plans: ☐ 002 ☐ 005 • $40/Month

☐ Options+ with Plan 001 • $48/Month

H9686 • NEVADA HMO

☐ Alignment Health + Intermountain Health 009 (HMO), Clark, Nye • $0/Month

H5296 • NEVADA HMO

☐ Alignment Health Platinum + Instacart 007 (HMO), Clark • $0/Month

☐ Alignment Health Smart 008 (HMO), Clark • $0/Month

OPTIONAL SUPPLEMENTAL BUY UP PLAN

☐ Complete Package with Plan 008 • $64.90/Month

H5296 • NORTH CAROLINA HMO

☐ Alignment Health Platinum 010 (HMO), Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, Wilkes • $0/Month

☐ Alignment Health Platinum 012 (HMO), Cabarrus, Gaston, Mecklenburg, Rowan • $0/Month

☐ Alignment Health Smart 006 (HMO), Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, Wilkes • $0/Month

☐ Alignment Health Smart 013 (HMO), Cabarrus, Gaston, Mecklenburg, Rowan • $0/Month

OPTIONAL SUPPLEMENTAL BUY UP PLANS

Complete Package with Plans: ☐ 006 ☐ 013 • $64.90/Month

H7074 • NORTH CAROLINA PPO

☐ Alignment Health AVA 001 (PPO), Avery, Buncombe, Chatham, Davidson, Davie, Forsyth, Guilford, Henderson, Johnston, Madison, McDowell, Mitchell, Orange, Transylvania, Wake, Wilkes • $20/Month

H5472 • TEXAS HMO

☐ Alignment Health BRIDGE 013 (HMO-POS), Bexar • $0/Month

☐ Alignment Health ONE 011 (HMO-POS), Bexar, Comal • $0/Month

☐ Alignment Health ONE + Walgreens 001 (HMO-POS), El Paso, Hudspeth • $0/Month

☐ Alignment Health Smart 003 (HMO-POS), El Paso, Hudspeth • $0/Month

☐ Alignment Health Smart 010 (HMO-POS), El Paso, Hudspeth • $0/Month

☐ Alignment Health Smart 012 (HMO-POS), Bexar, Comal • $0/Month

OPTIONAL SUPPLEMENTAL BUY UP PLANS

Complete Package with Plans: ☐ 003 ☐ 010 ☐ 012 • $64.90/Month

First Name: Last Name: Middle Initial (optional):

Birth Date: (MM/DD/YYYY) Home Phone Number: Cell Phone Number (Optional):

Email Address:

By providing my email address or mobile number, I consent to receive plan-related communications electronically, including calls and text messages.

Sex: ☐ Male ☐ Female

Permanent Residence Street Address (Don't Enter a P.O. Box):

City: County (Optional): State: ZIP Code:

Mailing Address, If Different From Your Permanent Address (P.O. Box Allowed):

City: County (Optional): State: ZIP Code:

Emergency Contact (Optional): Relationship: Phone Number:

YOUR MEDICARE INFORMATION:

Medicare Number: – –

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Alignment Health Plan? ☐ Yes ☐ No

Name of Other Coverage: Member Number for this Coverage: Group Number for this Coverage:

Please choose the name of a primary care provider (PCP). **For HMO plans, if the PCP you choose is not available, an available PCP will be automatically assigned to you.**

Primary Care Provider: I am a(n) ☐ Existing Patient ☐ New Patient

Primary Care Provider ID: Medical Group:

Are you eligible or enrolled in a State Medicaid or Medi-Cal program? ☐ Yes ☐ No

If you are enrolled in a State Medicaid Program, Medicaid number:

IMPORTANT: READ AND SIGN BELOW:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Alignment Health Plan.
- By joining this Medicare Advantage Plan or Medicare Prescription Drug Plan, I acknowledge that Alignment Health Plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time • and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, and MA MSA plans).
- I understand that when my Alignment Health Plan coverage begins, I must get all of my medical and prescription drug benefits from Alignment Health Plan. Benefits and services provided by Alignment Health Plan and contained in my Alignment Health Plan "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Alignment Health Plan will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan. I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  1. This person is authorized under State law to complete this enrollment, and
  2. Documentation of this authority is available upon request by Medicare.

Signature: _____ **Today's Date:** /

For individuals helping enrollee with completing this form only. Complete this section if you're an individual (i.e., agents, brokers, SHIP counselors, family members or other third parties) helping an enrollee fill out this form.

Name: Relationship to Enrollee:

Signature: _____ National Producer Number (Agents/Brokers only):

2. ALL FIELDS ON THIS PAGE ARE OPTIONAL

ANSWERING THESE QUESTIONS IS YOUR CHOICE. YOU CAN'T BE DENIED COVERAGE BECAUSE YOU DON'T FILL THEM OUT.

Select one if you want us to send you information in a language other than English.
☐ Spanish ☐ Vietnamese ☐ Chinese ☐ Korean ☐ Other

Select one if you want us to send you information in an accessible format. ☐ Standard/Regular Font ☐ Braille ☐ Large Print ☐ Audio ☐ Data CD

Please contact Alignment Health Plan at 1-866-634-2247 (TTY 711) if you need information in an accessible format other than what's listed above. Our office hours are 8 a.m. to 8 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. If no selection is made, Standard/Regular font will be sent.

Do you work? ☐ Yes ☐ No Does your spouse work? ☐ Yes ☐ No

The following materials will be sent to you via email unless you prefer to receive a printed copy. Please check below if you prefer to receive a printed version.
☐ Part C Explanation of Benefits (EOB) ☐ Part D Explanation of Benefits (EOB) ☐ Annual Notification of Change (ANOC)

PAYING YOUR PLAN PREMIUMS

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

Please select a plan premium and/or late enrollment payment option:

☐ Get a bill

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. (The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request 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, we will send you a paper bill for your monthly premiums.)

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay Alignment Health Plan the Part D-IRMAA.

Enrolling Sales Representative's Signature: ______________________________

Print Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Phone Number: (☐☐☐) ☐☐☐ – ☐☐☐☐

NPN#: ☐☐☐☐☐☐☐☐☐☐☐☐
Sales ID#: ☐☐☐☐☐☐☐☐☐☐☐
Date: ☐☐/☐☐/☐☐☐☐

FOR OFFICE USE ONLY:

PRIVACY ACT STATEMENT

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

Alignment Health Plan is an HMO, HMO-POS, HMO C-SNP, HMO D-SNP, and PPO plan with a Medicare contract and a contract with the California, Nevada, North Carolina and Texas Medicaid programs. Enrollment in Alignment Health Plan depends on contract renewal. Alignment Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTESTATION OF ELIGIBILITY FOR AN ENROLLMENT PERIOD

Alignment Health Plan®

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period. Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan or I recently moved, and this plan is a new option for me. I moved on (insert date) ☐☐/☐☐/☐☐☐☐.
- ☐ I was recently released from incarceration. I was released on (insert date) ☐☐/☐☐/☐☐☐☐.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) ☐☐/☐☐/☐☐☐☐.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) ☐☐/☐☐/☐☐☐☐.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance or lost Medicaid) on (insert date) ☐☐/☐☐/☐☐☐☐.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help or lost Extra Help) on (insert date) ☐☐/☐☐/☐☐☐☐.
- ☐ I am moving into, live in or recently moved out of a Long-Term Care facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) ☐☐/☐☐/☐☐☐☐.
- ☐ I recently left a PACE program on (insert date) ☐☐/☐☐/☐☐☐☐.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) ☐☐/☐☐/☐☐☐☐.
- ☐ I am leaving employer or union coverage on (insert date) ☐☐/☐☐/☐☐☐☐.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) ☐☐/☐☐/☐☐☐☐.
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) ☐☐/☐☐/☐☐☐☐.
- ☐ I was affected by a weather-related emergency or major disaster, as declared by the Federal Emergency Management Agency (F.E.M.A). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you're not sure, please contact Alignment Health Plan at 866-634-2247 (TTY 711), 8am-8pm, seven days a week (except Thanksgiving and Christmas) from October 1 to March 31 and 8am-8pm Monday through Friday (except holidays) from April 1 through September 30, to see if you are eligible to enroll. Alignment Health Plan is an HMO, HMO-POS, HMO C-SNP, HMO D-SNP and PPO plan with a Medicare contract and a contract with the California, Nevada, North Carolina, and Texas Medicaid programs. Enrollment in Alignment Health Plan depends on contract renewal. Alignment Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

WHAT HAPPENS NEXT

Once you have submitted your application, Alignment Health Plan starts the enrollment process for your selected Medicare Advantage plan.

CONFIRMATION

You will receive a letter confirming that both Alignment Health Plan and Medicare have received your application.

VERIFICATION LETTER

You will receive a letter with information and requirements by mail or phone. This will explain the next steps and important guidelines for enrolling in a Medicare Advantage plan.

EXTRA HELP

If you qualify for additional assistance from the state, you will receive a letter regarding your Low-Income Subsidy level (LIS) within 10 days of your enrollment being verified.

MEMBER ID CARD

Your new Member ID card should arrive within 10 days after your enrollment is confirmed. Bring it with you to all doctor, hospital and pharmacy visits.

ACCESS ON-DEMAND CONCIERGE CARD

Alignment Health Plan provides every member with the ACCESS On-Demand Concierge Card. Use this card to purchase eligible items like over-the-counter (OTC) items, healthy groceries, home safety products and utilities. To view your balance, find eligible products and participating retailers or to order products online, log into the Alignment Health Plan Member Portal.

WELCOME TO YOUR NEW PLAN

All important plan documents will be sent to you by mail. This will include your Member Resource Guide, as well as information about how to access your Evidence of Coverage and Provider, Dental and Pharmacy Directories—both online and by mail.

Alignment Health Plan®

MULTI-LANGUAGE INSERT

MULTI-LANGUAGE INTERPRETER SERVICES

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-634-2247 (TTY: 711), October 1 – March 31, seven days a week from 8:00 a.m. to 8:00 p.m. except Thanksgiving and Christmas Day. April 1 – September 30, Monday through Friday from 8:00 a.m. to 8:00 p.m. (except holidays). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-634-2247 (TTY: 711). Desde el 1 de octubre hasta el 31 de marzo, los siete días de la semana, de 8:00 a.m. a 8:00 p.m., excepto el Día de Acción de Gracias y Navidad. Desde el 1 de abril hasta el 30 de septiembre, de lunes a viernes, de 8:00 a.m. a 8:00 p.m. (excepto los feriados). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Simplified: 果您需要此翻译服务，请致电 1-866-634-2247 (TTY: 711)。10 月 1 日至 3 月 31 日，每周七天，上午 8:00 至晚上 8:00，感恩节和圣诞节除外。4 月 1 日至 9 月 30 日，周一至周五，上午 8:00 至晚上 8:00（节假日除外）。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Traditional: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-866-634-2247 (TTY: 711)。10 月 1 日至 3 月 31 日，每週七天，上午 8:00 至晚上 8:00，感恩節和聖誕節除外。4 月 1 日至 9 月 30 日，週一至週五，上午 8:00 至晚上 8:00（節假日除外）。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-634-2247 (TTY: 711). Oktubre 1 – Marso 31, pitong araw sa isang linggo mula 8:00 a.m. hanggang 8:00 p.m. maliban tuwing Araw ng Pasasalamat at Araw ng Pasko. Abril 1 – Setyembre 30, Lunes hanggang Biyernes mula 8:00 a.m. hanggang 8:00 p.m. (maliban tuwing holiday). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-634-2247 (TTY: 711).
Du 1er octobre au 31 mars, sept jours sur sept, de 8h00 à 20h00, sauf le jour de Thanksgiving et le jour de Noël. Du 1er avril au 30 septembre, du lundi au vendredi, de 8h00 à 20h00 (hors jours fériés). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-866-634-2247 (TTY: 711). Ngày 1 tháng 10 – 31 tháng 3, bảy ngày trong tuần, từ 8:00 sáng đến 8:00 tối, trừ ngày lễ Tạ ơn và Giáng sinh. Ngày 1 tháng 4 – 30 tháng 9, Thứ Hai đến Thứ Sáu, từ 8:00 sáng đến 8:00 tối (trừ ngày lễ). sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-634-2247 (TTY: 711). 1. Oktober – 31. März, sieben Tage die Woche von 8:00 Uhr bis 20:00 Uhr, außer an Thanksgiving und am ersten Weihnachtsfeiertag. 1. April – 30. September, montags bis freitags von 8:00 bis 20:00 Uhr (außer an Feiertagen). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-634-2247 (TTY: 711) 번으로 문의해 주십시오. 10 월 1 일 ~ 3 월 31 일, 추수감사절과 크리스마스를 제외하고 주 7 일 오전 8:00 부터 오후 8:00 까지. 4 월 1 일 ~ 9 월 30 일, 월요일~금요일 오전 8:00 부터오후 8:00 까지 (공휴일 제외). 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-634-2247 (TTY: 711). С 1 октября по 31 марта с 08:00 до 20:00 без выходных, за исключением Дня благодарения и Рождества. С 1 апреля по 30 сентября с 08:00 до 20:00 с понедельника по пятницу (кроме праздничных дней). Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (711 :TTY) 1-866-634-2247. من 1 أكتوبر إلى 31 مارس، سبعة أيام في الأسبوع من الساعة 8:00 صباحًا إلى الساعة 8:00 مساءً باستثناء عيد الشكر وعيد الميلاد. من 1 أبريل إلى 30 سبتمبر، من الاثنين إلى الجمعة من الساعة 8:00 صباحًا إلى 8:00 مساءً (باستثناء أيام العطلات).

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-634-2247 (TTY: 711) पर फोन करें. 1 अक्टूबर से 31 मार्च तक, सप्ताह के सातों दिन, सुबह 8:00 बजे से रात 8:00 बजे तक, थैंक्सगिविंग और क्रिसमस दिवस को छोड़कर। 1 अप्रैल से 30 सितंबर तक, सोमवार से शुक्रवार, सुबह 8:00 बजे से रात 8:00 बजे तक (छुट्टियों को छोड़कर)।कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-634-2247 (TTY: 711). 1 ottobre – 31 ottobre, sette giorni su sette dalle 8:00 alle 20:00 esclusi il giorno del Ringraziamento e Natale. Dal 1 aprile al 30 settembre, dal lunedì al venerdì dalle 8:00 alle 20:00 (esclusi i festivi). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-634-2247 (TTY: 711). 1º de outubro a 31 de março, sete dias por semana, das 8:00 às 20:00, exceto no Dia de Ação de Graças e no Dia de Natal. 1º de abril a 30 de setembro, de segunda a sexta-feira, das 8:00 às 20:00 (exceto feriados). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-634-2247 (TTY: 711). 1ye Oktòb – 31 Mas, sèt jou pa semèn soti 8:00 a.m. rive 8:00 p.m. eksepte Aksyon de Gras ak Fèt Nwèl. 1ye Avril – 30 Septanm, soti lendi rive vandredi de 8:00 a.m. rive 8:00 p.m. (eksepte jou ferye). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-634-2247 (TTY: 711). Od 1 października do 31 marca, siedem dni w tygodniu w godzinach od 8:00 do 20:00, z wyjątkiem Święta Dziękczynienia i Bożego Narodzenia. Od 1 kwietnia do 30 września, od poniedziałku do piątku w godzinach od 8:00 di 20:00 (oprócz świąt).Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-866-634-2247 (TTY: 711) にお電話ください。10 月 1 日から 3 月 31 日までは、感謝祭およびクリスマスを除き、毎日午前 8 時から午後 8 時まで対応しています。4 月 1 日から 9 月 30 日までは、祝日を除く月曜日から金曜日の午前 8 時から午後 8 時まで対応しています。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Alignment Health Plan®

FOR ENROLLMENT QUESTIONS PLEASE CALL:

1-888-979-2247 (TTY 711)

8 a.m. - 8 p.m. seven days a week (except Thanksgiving and Christmas) from October 1 to March 31 and 8 a.m. - 8 p.m. Monday through Friday (except holidays) from April 1 through September 30.

AlignmentHealthPlan.com

1100 W. Town and Country Rd., Suite 1600
Orange, CA 92868

Alignment Health Plan is an HMO, HMO POS, HMO C SNP, HMO D SNP and PPO plan with a Medicare contract and a contract with the California, Nevada, North Carolina and Texas Medicaid programs. Enrollment in Alignment Health Plan depends on contract renewal. Alignment Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This information is not a complete description of benefits. Call 1 888 979 2247 (TTY: 711), 8.a.m. 8 p.m., Monday through Friday, for more information.