

SCAN Retiree Group

Los Angeles City Employees' Retirement System

(LACERS) (HMO)

January 1, 2022 - December 31, 2022

2022 Benefit Kit

Medicare Advantage Plan



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The SCAN Story

For more than 40 years, SCAN has been keeping seniors healthy and independent. Today, SCAN remains committed to making sure seniors can live their best lives at any age. And with quality, low-cost benefits — plus concierge service when you need it — you can count on SCAN to help you stay healthy, vibrant and connected for years to come.



2022 Benefit Highlights

SCAN Retiree Group

Los Angeles City Employees' Retirement System (LACERS) (HMO)

January 1, 2022 - December 31, 2022



Comprehensive Care

Maximum Out-of-Pocket (MOOP)	\$3,400
PCP Office Visits	\$10
Specialist Office Visits	\$10
Immunizations	\$0
Lab Services and X-rays	\$0
Breast Cancer Screening	\$0
Prostate Cancer Screening	\$0
Annual Wellness Exam/Visit	\$0
Medicare-covered Chiropractic Services	\$10

Hospital and Emergency Care

Inpatient Hospital Care	\$0
Skilled Nursing Facility	\$0 (days 1- 100)
Outpatient Surgery	\$0
Outpatient Rehabilitation Services	\$0
Worldwide Emergency Care	\$50
Worldwide Urgent Care Services	\$10
Ambulance Services	\$0

Prescription Drug Coverage

Initial Coverage Stage – SCAN Contracted Retail Pharmacy (1-month/30-Day Supply)

	PREFERRED	STANDARD
Tier 1: Preferred Generic	\$5	\$10
Tier 2: Generic	\$5	\$10
Tier 3: Preferred Brand	\$20	\$20
Tier 4: Non-Preferred Drug	\$20	\$20
Tier 5: Specialty Tier	25%	25%

Get a 3-month supply (100 days) of Tiers 1, 2, 3, and 4 drugs at either a Retail Pharmacy or SCAN Mail-Order Pharmacy and only pay for 2 months. (Not available for Tier 5 drugs)

Additional Benefits and Services

Routine Hearing Test	\$10 (1 per year)
Hearing Aid Fitting Evaluations	\$10 (within the first year of purchase)
Hearing Aid Allowance	\$4,000 hearing aid(s) allowance every 2 years
Routine Chiropractic Services	\$10 (up to 20 visits every year)
Routine Acupuncture	\$10 (up to 20 visits every year)
Routine Transportation	\$0 (unlimited trips per year)
Health Club Membership	\$0
Telehealth Services - MDLive	\$0 per virtual or telephonic medical visit
Brain Fitness	\$0
SCAN HEALTH <i>tech</i>	\$0

Independent Living Power/Long Term Services and Supports (ILP/LTSS)*

SCAN Health Plan offers unique home and community-based services designed to keep you healthy and independent. These services are offered under the Independent Living Power/Long Term Services and Supports (ILP/LTSS) program.

Qualifying members are eligible for up to \$650 per month of these additional services. Services are only available in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California. For an assessment contact the Independent Living Power Call Center at 1-800-887-8695.

Please Note: You must be eligible to qualify for ILP/LTSS. An initial assessment is required. Once you are enrolled with ILP/LTSS, you must agree to receive your personal care and related homemaking services from SCAN Health Plan. Contact SCAN Member Services for details.

Homemaker Service You are eligible to receive assistance with light cleaning, grocery shopping, laundry and meal preparation.	You pay \$15 per visit
Home Delivered Meals You are covered for home delivery of meals to meet nutritional needs.	You pay \$0
Personal Care Services You are covered for in-home assistance for tasks such as bathing, dressing, eating, getting in and out of bed, moving about/walking, and grooming.	You pay \$15 per visit
Emergency Response System You are covered for the installation of a personal emergency response device that alerts emergency medical personnel to provide immediate help. There is no cost for installation.	You pay \$0
Transportation Escort Services You are eligible to receive an escort to assist you during transportation to and from medical appointments.	You pay \$15 per visit
Personal Care Coordinator SCAN staff will provide personal assistance to coordinate your Independent Living Power/Long Term Support Services.	You pay \$0
Inpatient Custodial Care You are covered for up to 5 days per year for post-acute or respite support in a skilled nursing facility. You may use this service following a hospital discharge, ER visit, or for respite care purposes.	You pay \$0

Independent Living Power/Long Term Services and Supports (ILP/LTSS)*

In-Home Caregiver Relief

SCAN provides alternative caregiver services in your home when a regular caregiver can't be there.

You pay \$15 per visit

Community-Based Adult Services (CBAS)-Adult Day Care

SCAN covers adult day care services to provide relief for your regular caregiver while addressing the individual needs of the member for physical, social or intellectual exercises and stimulation. Criteria applies.

You pay \$15 per visit

Incontinence Supplies

Members who qualify may be eligible to receive selected incontinence supplies, such as diapers, briefs, and pads to maintain skin integrity.

You pay \$0

Select Bathroom Safety Equipment

Members may be eligible to receive selected bathroom safety equipment to assist you in performing certain daily activities. Please contact your Care Manager for further information.

You pay \$0

*Members who qualify for Independent Living Power/Long Term Services and Supports must meet state criteria for Nursing Home Certifiable as determined by a SCAN Specialist after enrollment in the plan. Copayments apply for most services. Limits also apply. Services available only in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

Summary of Benefits



2022

Summary of Benefits

SCAN Retiree Group

Los Angeles City Employees' Retirement System

(LACERS) (HMO)

January 1, 2022 - December 31, 2022



SCAN Retiree Group - LACERS (HMO) is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage" by calling our Member Services Department at the phone number listed in this document or online at www.scanhealthplan.com.

SUMMARY OF BENEFITS JANUARY 1, 2022 - DECEMBER 31, 2022

PREMIUM AND BENEFITS	LACERS	WHAT YOU SHOULD KNOW
Monthly Health Plan Premium	For premium information, please contact your Plan Sponsor Benefits Administrator.	You must continue to pay your Medicare Part B premium.
Deductible	You pay \$0	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (this does not include prescription drugs)	\$3,400 annually	The most you pay for copays and coinsurance for Medicare-covered medical services for the year.
Inpatient Hospital Coverage	You pay \$0	Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization rules apply.
Outpatient Hospital Coverage		Prior authorization is required for outpatient hospital visits.
<ul style="list-style-type: none"> • Ambulatory Surgical Center • Outpatient Hospital 	<p>You pay \$0</p> <p>You pay \$0</p>	
Doctor Visits		Prior authorization is required for specialist visits.
<ul style="list-style-type: none"> • Primary Care • Specialists 	<p>You pay \$10 copay per visit</p> <p>You pay \$10 copay per visit</p>	
Preventive Care	You pay \$0	Any additional preventive services approved by Medicare during the contract year will be covered. Prior authorization rules apply.
Emergency Care	You pay \$50 copay per visit	The emergency room copay will be waived if you are immediately admitted to the hospital. You are covered for worldwide emergency services.

PREMIUM AND BENEFITS	LACERS	WHAT YOU SHOULD KNOW
Urgently Needed Services	You pay \$10 copay per visit	You are covered for worldwide urgent care services.
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Lab services • Diagnostic tests and procedures • Outpatient X-rays • Therapeutic radiology • Diagnostic radiology (e.g., MRI, CT) 	You pay \$0 You pay \$0 You pay \$0 You pay \$0 You pay \$0	Prior authorization rules apply for diagnostic, lab, and imaging services.
Hearing Services <ul style="list-style-type: none"> • Medicare-covered diagnostic hearing and balance exam • Non-Medicare-covered (routine) hearing exam • Non-Medicare-covered (routine) hearing aid fitting/evaluation • Non-Medicare-covered (routine) hearing aids 	You pay \$10 copay per visit You pay \$10 copay for up to 1 visit per year You pay \$10 copay within the first year of purchase You are covered up to \$4,000 for up to 2 hearing aids every 2 years	Prior authorization rules apply for Medicare-covered diagnostic hearing and balance exams. You must go to a SCAN-contracted provider to obtain a routine hearing exam and hearing aids.
Dental Services <ul style="list-style-type: none"> • Medicare-covered dental services • Non-Medicare-covered (routine) oral exam • Non-Medicare-covered (routine) dental cleanings • Non-Medicare-covered (routine) dental X-rays 	You pay \$10 copay per visit Not covered Not covered Not covered	Prior authorization rules apply for Medicare-covered dental services.

PREMIUM AND BENEFITS	LACERS	WHAT YOU SHOULD KNOW
<p>Vision Services</p> <ul style="list-style-type: none"> • Medicare-covered vision exam to diagnose/treat diseases of the eye • Medicare-covered glasses after cataract surgery • Non-Medicare-covered (routine) vision exam • Non-Medicare-covered (routine) glasses or contact lenses • Non-Medicare-covered (routine) vision coverage limit 	<p>You pay \$10 copay per visit</p> <p>You pay \$10 copay per visit</p> <p>Not covered</p> <p>Not covered</p> <p>Not covered</p>	<p>Prior authorization rules apply for Medicare-covered vision exams and glasses after cataract surgery.</p> <p>Routine vision services do not require a prior authorization.</p> <p>You must go to a SCAN-contracted vision provider to obtain routine vision services.</p>
<p>Mental Health Services</p> <ul style="list-style-type: none"> • Inpatient visit • Outpatient individual/group therapy visit • Outpatient individual/group therapy visit with a psychiatrist 	<p>You pay \$0 unlimited days</p> <p>You pay \$0</p> <p>You pay \$0</p>	<p>Prior authorization rules apply for inpatient mental health hospitalization. You are covered for up to 90 days per benefit period.*</p> <p>Prior authorization rules apply for outpatient mental health services.</p>
<p>Skilled Nursing Facility</p>	<p>You pay \$0 for days 1-100</p>	<p>Prior authorization rules apply for skilled nursing facility services. You are covered for up to 100 days per benefit period.*</p> <p>No prior hospitalization is required.</p>

* A benefit period begins the day you go into a hospital or SNF. The benefit period ends when you haven't received any inpatient hospital or SNF care for 60 days in a row.

PREMIUM AND BENEFITS	LACERS	WHAT YOU SHOULD KNOW
Physical Therapy	You pay \$0	Prior authorization rules apply for outpatient physical therapy services.
Ambulance	You pay \$0 per one-way trip	
Transportation (Non-Medicare-covered - routine)	You pay \$0 for unlimited one-way trips per year 75-mile limit applies to each one-way trip	Prior authorization rules apply for routine transportation services. You must use a SCAN-contracted provider to obtain routine transportation services.
Medicare Part B Drugs	You pay \$30 copay for chemotherapy and other Part B drugs	Prior authorization rules apply to select drugs.

Outpatient Prescription Drugs (PART D DRUGS):

You pay the following:

LACERS

	Preferred Retail & Mail-Order (in-network) (30-day supply)	Standard Retail & Mail-Order (in-network) (30-day supply)	Preferred Retail (in-network) (100-day supply)	Standard Retail & Mail-Order (in-network) (100-day supply)	Preferred Mail-Order (in-network) (100-day supply)
Initial Coverage Stage					
Tier 1 (Preferred Generic)	You pay \$5	You pay \$10	You pay \$10	You pay \$20	You pay \$10
Tier 2 (Generic)	You pay \$5	You pay \$10	You pay \$10	You pay \$20	You pay \$10
Tier 3 (Preferred Brand)	You pay \$20	You pay \$20	You pay \$40	You pay \$40	You pay \$40
Tier 4 (Non-Preferred Drug)	You pay \$20	You pay \$20	You pay \$40	You pay \$40	You pay \$40
Tier 5 (Specialty Tier)	You pay 25%	You pay 25%	Not available	Not available	Not available

Catastrophic Coverage Stage

You stay in the Initial Coverage Stage until your yearly out-of-pocket costs reach \$7,050. After your yearly out-of-pocket drug costs reach \$7,050, you pay whichever is the larger amount:

- 5% of the cost, or
- \$3.95 copay for generic (including drugs that are treated like a generic) and \$9.85 copay for all other drugs.

Some of our network pharmacies have preferred cost-sharing. You may pay less for certain drugs if you use these pharmacies. Your cost-sharing may vary depending on the pharmacy you choose (e.g., Preferred Retail, Standard Retail, Preferred Mail-Order, Standard Mail-Order, Long Term Care (LTC), Home infusion, etc.) or whether you receive a one-month or a three-month supply or when you enter another phase of the Part D benefit or if you receive “Extra Help”. For more information, please call our Member Services Department at the number provided in this document or access your Evidence of Coverage online. If you reside in a long-term care facility, your cost-sharing for a 31-day supply is the same as at a standard retail pharmacy for a 30-day supply. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

ADDITIONAL BENEFITS

BENEFITS	LACERS	WHAT YOU SHOULD KNOW
Medical Equipment/Supplies <ul style="list-style-type: none"> Durable Medical Equipment (e.g., wheelchairs, oxygen) Prosthetics (e.g., braces, artificial limbs) Diabetic supplies 	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>	<p>Prior authorization rules apply for covered durable medical equipment, prosthetic devices, and certain diabetic supplies.</p> <p>SCAN covers diabetic supplies such as glucose monitors, test strips, and control solution from a select manufacturer. Lancets are also covered and are available from all manufacturers.</p>
Telehealth Services - MDLive	<p>You pay \$0</p>	<p>A visit with board-certified doctor in the comfort of your own home. This benefit is for non-life threatening conditions such as, but not limited to cough, flu, nausea, sore throat, fever, and allergies.</p> <p>Visits with doctors can be conducted either by telephone or secure video capabilities from your computer or smart phone.</p>
Wellness Programs <ul style="list-style-type: none"> Health club membership 	<p>You pay \$0</p>	<p>You are covered for SCAN-contracted health clubs in your area.</p>
Brain Fitness	<p>You pay \$0</p>	<p>Online games to keep your brain healthy and active.</p>
Solutions for Virtual Care Access <ul style="list-style-type: none"> HEALTHtech Abridge 	<p>You pay \$0</p>	<p>A technology support line to provide education and training on how to use your computer, tablet or smartphone to access health care and health care related information.</p> <p>Technology enabled app to help remember important health conversations.</p>

BENEFITS	LACERS	WHAT YOU SHOULD KNOW
<p>Solutions for Togetherness</p> <ul style="list-style-type: none"> • Headspace • SCAN Learning Communities 	<p>You pay \$0</p>	<p>Headspace is a mindfulness and meditation app that can help counteract the negative effects of loneliness, stress and anxiety and guide you to better health.</p> <p>Learning Communities brings like-minded people together for in-person health education classes to maintain good mental and physical health.</p>
<p>Solutions for Caregivers</p> <ul style="list-style-type: none"> • Caregiver training • Home-delivered meals 	<p>You pay \$0</p>	<p>This series of classes provides information, skills training and support for caregivers.</p> <p>Up to 28 days of home-delivered meals are available to members with chronic conditions.</p>

Independent Living Power/Long Term Services and Supports (ILP/LTSS)*

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Qualifying members are eligible for up to \$650 per month of these additional services. Services are only available in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

Please Note: You must be eligible to qualify for ILP/LTSS. An initial assessment is required. Once you are enrolled with ILP/LTSS, you must agree to receive your personal care and related homemaking services from SCAN Health Plan. Contact SCAN Member Services for details.

<p>Homemaker Service You are eligible to receive assistance with light cleaning, grocery shopping, laundry and meal preparation.</p>	<p>You pay \$15 per visit</p>
<p>Home Delivered Meals You are covered for home delivery of meals to meet nutritional needs.</p>	<p>You pay \$0</p>
<p>Personal Care Services You are covered for in-home assistance for tasks such as bathing, dressing, eating, getting in and out of bed, moving about/walking, and grooming.</p>	<p>You pay \$15 per visit</p>
<p>Emergency Response System You are covered for the installation of a personal emergency response device that alerts emergency medical personnel to provide immediate help. There is no cost for installation.</p>	<p>You pay \$0</p>
<p>Transportation Escort Services You are eligible to receive an escort to assist you during transportation to and from medical appointments.</p>	<p>You pay \$15 per visit</p>
<p>Personal Care Coordinator SCAN staff will provide personal assistance to coordinate your Independent Living Power/Long Term Support Services.</p>	<p>You pay \$0</p>

*Members who qualify for Independent Living Power/Long Term Services and Supports must meet state criteria for Nursing Home Certifiable as determined by a SCAN Specialist after enrollment in the plan. Copayments apply for most services. Limits also apply. Services available only in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

Independent Living Power/Long Term Services and Supports (ILP/LTSS)*

<p>Inpatient Custodial Care You are covered for up to 5 days per year for post-acute or respite support in a skilled nursing facility. You may use this service following a hospital discharge, ER visit, or for respite care purposes.</p>	<p>You pay \$0</p>
<p>In-Home Caregiver Relief SCAN provides alternative caregiver services in your home when a regular caregiver can't be there.</p>	<p>You pay \$15 per visit</p>
<p>Community-Based Adult Services (CBAS)-Adult Day Care SCAN covers adult day care services to provide relief for your regular caregiver while addressing the individual needs of the member for physical, social or intellectual exercises and stimulation. Criteria applies.</p>	<p>You pay \$15 per visit</p>
<p>Incontinence Supplies Members who qualify may be eligible to receive selected incontinence supplies, such as diapers, briefs, and pads to maintain skin integrity.</p>	<p>You pay \$0</p>
<p>Select Bathroom Safety Equipment Members may be eligible to receive selected bathroom safety equipment to assist you in performing certain daily activities. Please contact your Care Manager for further information.</p>	<p>You pay \$0</p>

*Members who qualify for Independent Living Power/Long Term Services and Supports must meet state criteria for Nursing Home Certifiable as determined by a SCAN Specialist after enrollment in the plan. Copayments apply for most services. Limits also apply. Services available only in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

SCAN Retiree Group - LACERS has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

About SCAN

<p>Who can join?</p>	<p>You must:</p> <ul style="list-style-type: none"> - have both Medicare Part A and Part B - live in the plan service areas (Los Angeles, Orange, Riverside, San Bernardino, San Diego, Ventura, Alameda, Santa Clara, San Francisco, San Mateo, Napa, Sonoma, and Stanislaus counties, California) - be a United States citizen or be lawfully present in the United States
<p>Phone Number (Members)</p>	<p>1-800-559-3500</p>
<p>Phone Number (Non-Members)</p>	<p>1-877-230-7226 Calling this number will direct you to a licensed insurance agent.</p>
<p>TTY</p>	<p>711</p>
<p>Hours of Operation</p>	<p>October 1 to March 31: 8 A.M. to 8 P.M., 7 days a week</p> <p>April 1 to September 30: 8 A.M. to 8 P.M., Monday through Friday Messages received on holidays and outside of our business hours will be returned within one business day.</p>
<p>Website</p>	<p>www.scanhealthplan.com</p>

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

You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts PharmacySM is our Preferred mail-order pharmacy. While you can fill your prescription medications at any of our network mail-order pharmacies, you may pay less at the Preferred mail-order pharmacy. Typically, you should expect to receive your prescription drugs within 14 days from the time that Express Scripts mail-order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact SCAN Health Plan’s Member Services. For your mail-order prescriptions, you have the option to sign up for an automatic refill program by contacting Express Scripts Pharmacy at 1-866-553-4125, 24 hours a day, 7 days a week. TTY users call 711. You may opt out of automatic deliveries at any time.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-877-230-7226 (TTY: 711). Hours are 8 A.M. to 8 P.M., 7 days a week from October 1 to March 31. From April 1 to September 30 hours are 8 A.M. to 8 P.M., Monday through Friday. Messages received on holidays and outside of our business hours will be returned within one business day.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.scanhealthplan.com or call 1-877-230-7226 to view 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 Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- 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).

Additional Plan Information



Benefits Beyond

Original Medicare



Good health goes beyond the doctor's office.

SCAN offers you benefits beyond what Original Medicare alone provides. For some of these benefits, we partner with companies that specialize in the type of care and services provided.

Your SCAN benefits may include coverage for these services – and more:



Routine Transportation



Routine Acupuncture
and Chiropractic



Telehealth & Technology



Routine Hearing



Travel Assurance



SCAN On-the-Go



Meal Delivery

Check out your “more than original Medicare” benefits on the following pages.

For more information:

- Contact the companies directly
- Visit scanhealthplan.com/extras
- Call SCAN at **1-800-559-3500 (TTY: 711)**

These program offerings may vary based on plan and county. Check the plans Evidence of Coverage for details.

SCAN Health Plan is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.

Core Extras

Transportation Services (routine)



- Curb-to-curb transportation to medical appointments, pharmacies, and dentists. Some plans may offer rides for non-medical purposes such as fitness locations.
- Taxi, wheelchair vans and other vehicle types to meet people's physical needs
- 75-mile limit applies to each one-way trip

ModivCare

To schedule a ride:
1-844-714-2218
7 a.m.–6 p.m. PT,
Monday–Friday

Where's my Ride:
1-844-864-3359
Available 24 hours a day, 7 days a week

Acupuncture and Chiropractic Services (routine)



- Access to routine acupuncture and chiropractic services
- Large network of providers
- Call a participating provider to schedule an initial examination

American Specialty Health (ASH)

To find a provider near you, call:

1-800-678-9133

5 a.m.–6 p.m. PT,
Monday–Friday

Or go to:
ashlink.com/ash/scan

Hearing Services (routine)



- Initial Hearing Exam
- High-quality hearing aids
- Hearing aids in a variety of colors and styles
- Access to a network of local professional care providers
- Financing options available

TruHearing

1-844-255-7148 (TTY 711)

5 a.m.–5 p.m. PT,
Monday–Friday

Or go to:
truhearing.com

SCAN Travel Assurance Worldwide Coverage



With SCAN you can travel with confidence, knowing your SCAN coverage travels with you anywhere you go. Members will have access to resources that facilitate the reimbursement of approved claims.

The SCAN Travel Assurance Kit includes some helpful information like what to do if you see a doctor while traveling, holds your SCAN ID card and even provides a claim form for you to use when you return from your trip.

To request a SCAN Travel Assurance kit, call SCAN Member Services 1-800-559-3500



SCAN on the go



SCAN goes where you go

Life can take you many places, so SCAN goes where you go. Whether you're out of town, across the country, or on another continent, you can count on SCAN to be there, too, with benefits to help you stay healthy and safe. And if you need care, we're there with coverage you can count on.

Benefits available on the go include urgent care, CVS Minute Clinic, fitness, telehealth and more... At home or on the go, we've got you covered.

To request a SCAN on the go kit, call SCAN Member Services 1-800-559-3500



Solutions for Virtual Care Access

Telehealth – MDLive



When it's not an emergency, you don't have an appointment to see your primary care physician (PCP) or when you just want a convenient alternative to an urgent care center, your telehealth benefit offers care 24 hours a day, 7 days a week, 365 days a year.

- The doctor can diagnose your non-emergency symptoms and send medically necessary prescriptions to your SCAN network pharmacy
- Speak with a Board Certified medical doctor in the comfort of your own home for non-life-threatening conditions
- The visit can be conducted either by telephone or secure video capabilities from your computer or smart phone

Request a telehealth visit today.

**Call 1-888-993-4087
(TTY: 1-800-770-5531)**

24 hours a day, 7 days a week

Or go to:

**mdlive.com/
scanhealthplan.com**

MDLIVE[®]

HEALTHtech Technology Support Assistance



A technology support line to provide education and training on how to use your computer, tablet or smartphone to access health care and health care related information.

Areas where Healthtech can help you

- Skype/Zoom/FaceTime training for physician visits
- Telehealth visit overview, setup on personal equipment (phone, tablet, or computer)
- Prescription delivery setup
- Email account creation for health care communication
- Setting up your medical group's online portal access
- SCAN Member Portal registration

To access technology support assistance call:

**1-833-437-0555
(TTY: 711)**

24 hours a day, 7 days a week



Abridge – Smartphone-Based Application



Stay on top of your health with Abridge, a smartphone app that helps you remember your doctor's advice.

Securely record your doctors' visits in Abridge, and afterwards you'll get an interactive transcript of the medical parts of your conversation. Quickly skip around to key moments, get definitions of medical terms, or review any medication instructions.

- Abridge is offered at no cost to SCAN members
- You can decide with your health professional what to record
- If your family wasn't able to attend the visit, you can securely share a conversation to keep everyone on the same page
- Abridge uses HIPAA-compliant servers and products to protect your privacy and abides by HIPAA security principles to safeguard your data

For more information about Abridge go to:

abridge.com/scan

For additional questions, email:
scansupport@abridge.com

or call SCAN Member Services:
1-800-559-3500

Solutions For Healthy Living

Health Club Membership



SilverSneakers® is a health and fitness program that provides gym access, fitness classes and programs.

SilverSneakers members:

- Have access to a no cost gym membership with access to all basic amenities
- Thousands of gyms, community centers, and other participating fitness locations across the nation
- Exercise classes designed for seniors of all fitness levels and led by trained instructors
- Access to SilverSneakers Live virtual classes and hundreds of On-Demand classes at silversneakers.com

SilverSneakers Fitness Program

To find a SilverSneakers location or get your SilverSneakers ID Number, call:

1-888-423-4632

5 a.m.–5 p.m. PT,
Monday–Friday

Or go to:

silversneakers.com

BrainHQ



Exercise your mind with BrainHQ, an online brain health program.

Keeping your mind “physically fit” is important. Brain fitness helps strengthen connections in order to maintain important brain functions. Exercising the brain should be on every adult’s daily to-do list.

BrainHQ is offered at no-cost to SCAN members.

Features include:

- Mental games that focus on attention, memory, brain speed, intelligence, navigation, and people skills exercises
- A useful and meaningful workout tailored to your unique brain. Using a special method, each exercise adapts in difficulty as you use it so you’re always working at your optimum level—where you are most likely to improve your performance

To start using BrainHQ, go to:

scan.brainhq.com

For additional questions you can call:

1-888-844-6598 (TTY: 711)

7:30 a.m.–4 p.m.
Monday–Friday

Solutions for Togetherness

SCAN Learning Communities



SCAN Learning Communities brings like-minded people together for in-person health education classes to maintain good mental and physical health.

To access this benefit, call
SCAN Member Services
1-800-559-3500



Headspace



Mindfulness has been shown to help people stress less, increase focus, and sleep more soundly, and Headspace is your personal guide.

With hundreds of exercises for meditation, sleep, focus, and movement, they'll help you start and end your day feeling like your best self.

To join Headspace, go to:

[headspace.com/
scanhealthplan](https://headspace.com/scanhealthplan)

Need help?

You can send an email to
teamsupport@headspace.com
or call SCAN Member Services
1-800-559-3500

Solutions for Caregivers

Caregiver Training



Virtual and in-person skill training and support for caregivers. The 4-week series is designed to fit into a busy schedule and is offered several times throughout the year.

To access this benefit, call
SCAN Member Services
1-800-559-3500



Home-Delivered Meals



Home-delivered meals help members maintain a nutritionally balanced lifestyle, recover after a hospital stay and provide a jump start to healthy eating for chronic conditions.

Fully prepared meals delivered to your doorstep.

- Health specific menu options (nine health support menus, e.g. lower sodium, diabetic-friendly, etc.)
- Criteria apply, please call SCAN Member Services for details

To access this benefit, call
SCAN Member Services
1-800-559-3500

Save Money on Your Medications¹

Make it Mail-Order From Express Scripts PharmacySM

The easy way to fill your maintenance medications. Make fewer trips to the pharmacy by having your 3-month supply delivered right to you and right on time. And standard shipping is free! Having more medication on hand can also help make sure that you don't run out of these important medications.



Tiers 1, 2, 3, and 4: Buy two, get one free!

You'll pay just two copayments when you pick up a 3-month supply of prescription drugs on tiers 1, 2, 3 and 4. That means you pay for 2 months and get the 3rd month free!

Take advantage of the savings and convenience of home delivery, plus the added benefits of:



Automatic Refills

Sign up for automatic refills with Express Scripts Pharmacy, they'll remember so you don't have to.



Online Tracking

Easily manage your medications on the Express Scripts website or app.



Payment Flexibility

Express Scripts Pharmacy offers payment options that work with your budget.



Have Questions?

24/7 telephone access to a pharmacist at 1-866-553-4125 (TTY: 711).

Make the Switch

Once your SCAN membership begins, contact:

- Express Scripts Personal Enrollment Specialist at 1-877-842-9792 (TTY: 711)

OR

- Your doctor's office and ask about home delivery for your maintenance medications. They can send your 3-month prescriptions right to Express Scripts Pharmacy

Keeping Prescription Medications Affordable

We know how important it is to keep the cost of medications low. Here are even more ways to save with SCAN Health Plan.



Preferred Pharmacies = Lower Copayments!

If you prefer to fill your prescriptions at a local pharmacy but still want to save money, we have you covered. Just use a SCAN Preferred pharmacy. These are pharmacies in the SCAN network that generally offer lower copayments than Standard pharmacies for most drugs.

While you can fill your prescriptions at any of the pharmacies listed below, you may pay less at a Preferred pharmacy.

Preferred Pharmacies

CVS	Costco	Safeway
Express Scripts Pharmacy	Walmart	Albertsons
Rite Aid	Ralphs/Kroger/Fry's	Many Independent Pharmacies

Standard Pharmacies

Walgreens	Medicine Shoppe	Select independent pharmacies
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3-Month Supply = Savings

Save money and time by getting a 3-month supply of the medications you take on an ongoing basis. The amount you save will depend on the tier your medication is on and what pharmacy you use (e.g., Preferred or Standard). Specialty tier (Tier 5) drugs are not available for a 3-month supply.

SCAN 2022 Drug Listing

About this list:

This is not a complete list of drugs covered by our plan. For a complete and updated list of drugs, please refer to the 2022 SCAN Formulary or visit our website at www.scanhealthplan.com. The Formulary will also note if there are any restrictions to the medication.

This list of drugs is current as of **August 2021** and is subject to change. Generally, you must use network pharmacies to use your prescription drug benefit. The Formulary may change at any time. You will receive notice when necessary.

Drug Name	Drug Tier	Drug Name	Drug Tier
A		AFINITOR DISPERZ	5
<i>abacavir & lamivudine</i>	4	AFINITOR TAB 10MG	5
<i>abacavir & lamivudine & zidovudine</i>	5	AIMOVIG	3
<i>abacavir soln</i>	4	<i>albendazole</i>	4
<i>abacavir tabs</i>	4	<i>albuterol sulfate hfa 6.7gm inhaler</i>	2
ABELCET INJ	4	<i>albuterol sulfate hfa 8.5gm inhaler</i>	2
ABILIFY MAINTENA	5	<i>albuterol sulfate nebulizer</i>	2
<i>abiraterone acetate</i>	5	<i>albuterol sulfate syrup</i>	2
<i>acamprosate calcium dr</i>	2	<i>albuterol sulfate tabs</i>	3
<i>acarbose</i>	2	<i>alclometasone dipropionate</i>	2
<i>accutane</i>	4	<i>alcohol pads</i>	2
<i>acebutolol</i>	2	ALECENSA	5
<i>acetaminophen & codeine</i>	2	<i>alendronate oral soln</i>	2
<i>acetazolamide er caps</i>	2	<i>alendronate tabs</i>	1
<i>acetazolamide tabs</i>	2	<i>alfuzosin hcl er</i>	2
<i>acetic acid & hydrocortisone</i>	2	<i>aliskiren</i>	3
<i>acetylcysteine nebulizer soln</i>	2	<i>allopurinol tab</i>	1
<i>acitretin</i>	4	ALORA	3
ACTHIB INJ	3	<i>alosetron hcl tabs</i>	5
ACTIMMUNE INJ	5	ALPHAGAN P 0.1%	3
<i>acyclovir caps & tabs</i>	2	<i>alprazolam er tabs</i>	2
<i>acyclovir cream & oint 5%</i>	4	<i>alprazolam intensol</i>	2
<i>acyclovir inj</i>	2	<i>alprazolam tabs</i>	2
<i>acyclovir oral susp</i>	4	<i>altavera</i>	2
ADACEL INJ	3	ALTRENO	3
<i>adapalene cream 0.1%</i>	4	ALUNBRIG	5
<i>adapalene gel 0.1% & 0.3%</i>	4	ALUNBRIG INITIATION PACK	5
<i>adefovir dipivoxil</i>	5	<i>alyacen 1/35</i>	2
ADEMPAS	5	<i>alyq</i>	5
ADVAIR HFA	3	<i>amabelz</i>	3

Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *metformin*).

Drug Name	Drug Tier	Drug Name	Drug Tier
<i>amantadine</i>	2	<i>armodafinil</i>	3
AMBISOME INJ	5	<i>asenapine maleate sublingual</i>	4
<i>ambrisentan</i>	5	ASMANEX HFA	3
<i>amikacin inj</i>	2	ASMANEX TWISTHALER	3
<i>amiloride</i>	2	ASTAGRAF XL	4
<i>amiloride & hydrochlorothiazide</i>	1	<i>atazanavir sulfat caps</i>	4
AMINOSYN INJ	3	<i>atenolol</i>	1
<i>amiodarone tabs</i>	2	<i>atenolol & chlorthalidone</i>	1
AMITIZA	3	<i>atomoxetine</i>	3
<i>amitriptyline</i>	2	<i>atorvastatin</i>	1
<i>amlodipine</i>	1	<i>atovaquone</i>	5
<i>amlodipine & atorvastatin</i>	2	<i>atovaquone/proguanil</i>	2
<i>amlodipine & benazepril</i>	1	<i>atropine sulfate soln</i>	2
<i>ammonium lactate topical</i>	2	ATROVENT HFA	3
<i>amnestem caps</i>	4	AUBAGIO	5
<i>amoxapine</i>	2	<i>aupra</i>	2
<i>amoxicillin</i>	1	AURYXIA	5
<i>amoxicillin & clavulanate potassium</i>	2	AUSTEDO	5
<i>amoxicillin & clavulanate potassium er</i>	2	<i>aviane</i>	2
<i>amphetamine & dextroamphetamine tabs</i>	2	AVONEX INJ	5
<i>amphotericin b inj</i>	2	AVONEX PEN INJ	5
<i>ampicillin & sulbactam inj 10-5gm, 2-1gm, & 1-0.5gm</i>	2	AYVAKIT	5
<i>ampicillin inj</i>	2	AZASAN	4
<i>ampicillin oral</i>	2	AZASITE	3
<i>anagrelide</i>	2	<i>azathioprine oral</i>	2
<i>anastrozole</i>	2	<i>azelastine 0.05%</i>	2
ANORO ELLIPTA	3	<i>azelastine nasal 0.1%</i>	2
APOKYN INJ	5	<i>azelastine nasal 0.15%</i>	2
<i>aprepitant caps 80mg & 125mg</i>	4	<i>azithromycin inj</i>	2
<i>aprepitant pack</i>	4	<i>azithromycin tabs & oral susp</i>	2
<i>apri</i>	2	<i>aztreonam inj 1gm</i>	4
APTIOM	5	B	
APTIVUS CAPS	5	<i>bacitracin & polymyxin b ointment</i>	2
<i>aranelle</i>	2	<i>bacitracin ophthalmic ointment</i>	2
ARCALYST INJ	5	<i>baclofen</i>	2
<i>aripiprazole odt</i>	5	<i>balsalazide</i>	3
<i>aripiprazole soln 1mg/ml</i>	3	BALVERSA	5
<i>aripiprazole tabs</i>	3	BAQSIMI	3
ARISTADA INITIO INJ	4	BARACLUDGE ORAL SOLN 0.05MG/ML	4
ARISTADA INJ	5	BCG INJ	3
		<i>bd insulin syringe safetyglide</i>	2

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Drug Name	Drug Tier	Drug Name	Drug Tier
<i>bd insulin syringe ultrafine</i>	2	<i>budesonide er tabs 9mg</i>	5
<i>bd pen needle ultrafine</i>	2	<i>budesonide nebulizer</i>	3
BELSOMRA	3	<i>bumetanide oral & inj</i>	2
<i>benazepril</i>	1	<i>buprenorphine & naloxone sublingual film</i>	2
<i>benazepril & hydrochlorothiazide</i>	1	<i>buprenorphine & naloxone sublingual tabs</i>	2
BENLYSTA INJ 200MG/ML	5	<i>buprenorphine oral</i>	1
<i>benztropine tabs</i>	2	<i>bupropion</i>	2
<i>betamethasone dipropionate</i>	2	<i>bupropion sr</i>	2
<i>betamethasone dipropionate augmented</i>	2	<i>bupropion sr 150mg</i>	2
<i>betamethasone valerate cream, oint, lotion</i>	2	<i>bupropion xl 150mg, 300mg</i>	2
BETASERON INJ	5	<i>bupropion xl 450mg</i>	3
<i>betaxolol soln</i>	2	<i>buspirone</i>	2
<i>bethanechol</i>	2	<i>butorphanol tartrate nasal</i>	2
BETHKIS	5	BYDUREON BCISE INJ	3
BEVESPI AEROSPHERE	3	BYETTA INJ	3
<i>bexarotene</i>	5	BYSTOLIC	4
BEXSERO INJ	3	C	
<i>bicalutamide</i>	2	<i>cabergoline</i>	2
BICILLIN L-A INJ	3	CABOMETYX	5
BIKTARVY	5	<i>caffeine-ergotamine</i>	3
<i>bisoprolol</i>	2	<i>calcipotriene cream & oint</i>	4
<i>bisoprolol & hydrochlorothiazide</i>	2	<i>calcipotriene soln</i>	4
BLEPHAMIDE	3	<i>calcitonin-salmon nasal</i>	2
BLEPHAMIDE S.O.P.	3	<i>calcitriol caps</i>	2
<i>blisovi fe 1.5/30</i>	2	<i>calcium acetate</i>	2
BOOSTRIX INJ	3	CALQUENCE	5
<i>bosentan tabs 62.5mg & 125mg</i>	5	CAPEX SHAMPOO	4
BOSULIF TABS	5	CAPLYTA	5
BRAFTOVI	5	CAPRELSA	5
BREO ELLIPTA	3	<i>captopril</i>	1
<i>briellyn</i>	2	CARBAGLU	5
BRILINTA	3	<i>carbamazepine er tabs & caps</i>	3
<i>brimonidine tartrate soln 0.15%</i>	3	<i>carbamazepine tabs, chewable tabs & oral susp</i>	2
<i>brimonidine tartrate soln 0.2%</i>	2	<i>carbidopa</i>	4
BRIVIACT ORAL SOLN	4	<i>carbidopa & levodopa</i>	2
BRIVIACT TABS	5	<i>carbidopa & levodopa & entacapone</i>	4
<i>bromocriptine</i>	2	<i>carbidopa & levodopa er</i>	2
BROVANA NEBULIZER	4	<i>carbidopa & levodopa odt</i>	2
BRUKINSA	5	<i>carteolol</i>	1
<i>budesonide ec caps</i>	4	<i>cartia xt</i>	2

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Drug Name	Drug Tier	Drug Name	Drug Tier
<i>carvedilol</i>	1	<i>ciclopirox nail soln 8%</i>	2
<i>carvedilol phosphate er</i>	4	<i>cilastatin/imipenem inj</i>	2
<i>casprofungin inj 50mg</i>	5	<i>cilostazol</i>	2
<i>casprofungin inj 70mg</i>	4	CIMDUO	5
CAYSTON	5	<i>cimetidine oral</i>	2
<i>caziant</i>	2	<i>cinacalcet tabs 30mg</i>	3
<i>cefaclor</i>	2	<i>cinacalcet tabs 60mg & 90mg</i>	5
<i>cefaclor er</i>	2	CINRYZE INJ	5
<i>cefadroxil caps & tabs</i>	2	CIPRO HC	3
<i>cefazolin inj</i>	2	<i>ciprofloxacin & dexamethasone otic susp</i>	3
<i>cefdinir</i>	2	<i>ciprofloxacin in d5w inj</i>	2
<i>cefepime inj</i>	2	<i>ciprofloxacin ophthalmic soln 0.3%</i>	2
<i>cefixime caps</i>	3	<i>ciprofloxacin tabs immediate-release 250mg, 500mg, 750mg</i>	1
<i>cefixime susp</i>	4	<i>citalopram oral soln</i>	2
<i>cefoxitin sodium</i>	2	<i>citalopram tabs</i>	1
<i>cefpodoxime tabs</i>	2	<i>claravis</i>	4
<i>cefprozil</i>	2	<i>clarithromycin</i>	2
<i>ceftazidime inj 1gm, 2gm & 6gm</i>	2	<i>clarithromycin er</i>	2
<i>ceftriaxone inj</i>	2	CLEOCIN VAGINAL SUPP	3
<i>cefuroxime inj</i>	2	<i>clindamycin & benzoyl peroxide gel 5%-1% & 5%-1.2%</i>	3
<i>cefuroxime oral</i>	2	<i>clindamycin oral</i>	2
<i>celecoxib</i>	2	<i>clindamycin phosphate inj</i>	2
CELLCEPT CAPS	4	<i>clindamycin topical gel, lotion, soln & swab</i>	2
CELLCEPT ORAL SUSPENSION & TABS	5	<i>clindamycin vaginal cream</i>	2
CELONTIN	4	CLINISOL SF INJ	4
<i>cephalexin caps & tabs 250mg & 500mg</i>	1	<i>clobazam</i>	4
<i>cephalexin oral susp</i>	1	<i>clobetasol propionate cream, foam, gel, oint, soln</i>	4
CERDELGA	5	<i>clobetasol propionate emollient</i>	4
<i>cevimeline</i>	3	<i>clomipramine</i>	4
CHANTIX	4	<i>clonazepam</i>	2
CHANTIX STARTING & CONTINUING MONTH PAK	4	<i>clonazepam odt</i>	2
<i>chlorhexidine gluconate</i>	2	<i>clonidine er</i>	2
<i>chloroquine</i>	2	<i>clonidine patches</i>	4
<i>chlorpromazine oral</i>	4	<i>clonidine tabs immediate-release</i>	1
<i>chlorthalidone</i>	1	<i>clopidogrel tabs 75mg</i>	1
<i>chlorzoxazone tabs 500mg</i>	2	<i>clorazepate</i>	2
<i>cholestyramine</i>	2	<i>clotrimazole & betamethasone</i>	2
<i>cholestyramine light</i>	2	<i>clotrimazole cream 1%</i>	2
<i>ciclopirox cream & susp</i>	2		
<i>ciclopirox gel & shampoo</i>	2		

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Drug Name	Drug Tier
<i>clotrimazole topical soln 1%</i>	2
<i>clotrimazole troche</i>	2
<i>clozapine</i>	2
<i>clozapine odt</i>	4
COARTEM	3
<i>codeine sulfate</i>	2
COLCHICINE	4
<i>colesevelam</i>	4
<i>colestipol granules</i>	2
<i>colestipol tabs</i>	2
<i>colistimethate inj</i>	2
COMBIGAN	3
COMBIVENT RESPIMAT	3
COMETRIQ	5
COMPLERA	5
<i>compro</i>	2
<i>constulose soln</i>	2
COPAXONE INJ 40MG/ML	5
COPIKTRA	5
CORLANOR	4
COSENTYX	5
COSENTYX SENSOREADY PEN	5
COTELLIC	5
CREON DR	3
CRESEMBA ORAL	5
<i>cromolyn sodium nebulizer soln</i>	4
<i>cromolyn sodium ophthalmic soln</i>	2
<i>cromolyn sodium oral</i>	4
<i>cyclafem 1/35</i>	2
<i>cyclafem 7/7/7</i>	2
<i>cyclobenzaprine hcl ir</i>	2
<i>cyclophosphamide caps & tabs</i>	3
CYCLOSET	3
<i>cyclosporine caps</i>	3
<i>cyclosporine modified</i>	2
<i>cyproheptadine</i>	2
<i>cyred eq</i>	2
CYSTADANE	4
CYSTAGON	3
CYSTARAN	5
CYTOMEL	3

Drug Name	Drug Tier
D	
<i>dalfampridine er</i>	5
DALIRESP	3
<i>danazol</i>	3
<i>dapsone tabs</i>	3
DAPTACEL INJ	3
<i>daptomycin inj</i>	5
DAURISMO	5
<i>deblitane</i>	2
<i>deferasirox</i>	5
<i>deferiprone tab 500mg</i>	5
DELSTRIGO	5
<i>demeclocycline</i>	4
DENAVIR	5
DESCOVY	5
<i>desipramine</i>	2
<i>desloratadine tabs</i>	2
<i>desmopressin acetate nasal</i>	4
<i>desmopressin acetate oral</i>	2
<i>desogestrel & ethinyl estradiol</i>	2
<i>desonide lotion, oint, & cream</i>	3
<i>desoximetasone topical cream & oint 0.25%</i>	3
<i>desoximetasone topical cream, gel & oint 0.05%</i>	4
DESVENLAFAXINE ER	4
<i>desvenlafaxine succinate er</i>	3
<i>dexamethasone dose pack</i>	2
<i>dexamethasone elixir</i>	2
<i>dexamethasone ophthalmic soln</i>	2
<i>dexamethasone tabs</i>	2
<i>dexmethylphenidate ir tabs</i>	2
<i>dextroamphetamine sulfate er</i>	4
<i>dextroamphetamine sulfate tabs</i>	3
<i>dextrose (10%, 5% or 2.5%) & sodium chloride inj</i>	2
<i>dextrose inj</i>	2
DIACOMIT	5
DIAZEPAM RECTAL GEL	3
<i>diazepam tabs & soln</i>	2
<i>diazoxide</i>	4

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Drug Name	Drug Tier
<i>diclofenac potassium</i>	1
<i>diclofenac sodium dr</i>	1
<i>diclofenac sodium er</i>	1
<i>diclofenac sodium gel 1%</i>	3
<i>diclofenac sodium gel 3%</i>	4
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2
<i>dicloxacillin sodium</i>	2
<i>dicyclomine oral</i>	2
<i>diflorasone diacetate</i>	4
<i>diflunisal</i>	2
<i>digitek</i>	2
<i>digox</i>	2
<i>digoxin oral</i>	2
<i>dihydroergotamine mesylate nasal</i>	5
DILANTIN CAPS 100MG	3
DILANTIN CAPS 30MG	3
DILANTIN INFATABS	3
DILANTIN SUSP	3
<i>diltiazem er caps</i>	2
<i>diltiazem tabs</i>	2
<i>dilt-xr</i>	2
<i>dimethyl fumarate caps</i>	5
<i>dimethyl fumarate starter pack</i>	5
DIPENTUM	5
<i>diphenoxylate & atropine</i>	2
DIPHTHERIA & TETANUS TOXOIDS PEDIATRIC INJ	3
<i>dipyridamole er & aspirin</i>	3
<i>dipyridamole oral</i>	2
<i>disopyramide phosphate</i>	4
<i>disulfiram tabs</i>	2
<i>divalproex sodium</i>	2
<i>divalproex sodium dr</i>	2
<i>divalproex sodium er</i>	2
<i>dofetilide</i>	4
<i>donepezil odt</i>	2
<i>donepezil tabs 5mg & 10mg</i>	2
<i>dorzolamide</i>	2
<i>dorzolamide & timolol maleate</i>	2
<i>dotti</i>	3
DOVATO	5

Drug Name	Drug Tier
<i>doxazosin</i>	2
<i>doxepin caps</i>	2
<i>doxepin oral soln</i>	2
<i>doxepin tabs</i>	3
<i>doxercalciferol oral</i>	3
<i>doxy 100 inj</i>	2
<i>doxycycline immediate-release tabs, caps & oral susp</i>	2
DRIZALMA SPRINKLE	4
<i>dronabinol</i>	4
<i>drospirenone & ethinyl estradiol 3mg/0.02mg</i>	2
<i>droxidopa</i>	5
DUAVEE	3
DULERA	3
<i>duloxetine hcl</i>	2
DUREZOL	3
<i>dutasteride</i>	3
<i>dutasteride & tamsulosin</i>	3
E	
<i>econazole nitrate</i>	4
EDURANT	5
<i>efavirenz & emtricitabine & tenofovir disoproxil fumarate tabs 600mg-200mg-300mg</i>	5
<i>efavirenz & lamivudine & tenofovir disoproxil fumarate tabs 400mg-300mg-300mg & 600mg-300mg-300mg</i>	5
<i>efavirenz caps & tabs</i>	4
ELIGARD INJ	4
ELIQUIS	3
ELIQUIS STARTER PACK	3
ELMIRON	4
EMCYT	3
<i>emoquette</i>	2
EMSAM	5
<i>emtricitabine & tenofovir disoproxil fumarate tabs</i>	5
<i>emtricitabine caps 200mg</i>	4
EMTRIVA SOLN	4
<i>enalapril</i>	1
<i>enalapril & hydrochlorothiazide</i>	1

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Drug Name	Drug Tier	Drug Name	Drug Tier
ENBREL INJ	5	<i>estradiol patches</i>	3
ENBREL MINI	5	<i>estradiol vaginal cream</i>	3
ENBREL SURECLICK INJ	5	<i>estradiol vaginal tabs</i>	3
<i>endocet 5-325mg, 7.5-325mg, 10-325mg</i>	3	<i>ethambutol</i>	2
ENGERIX-B INJ	3	<i>ethinyl estradiol & ethynodiol</i>	2
<i>enoxaparin inj syringe 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml 100mg/ml, 120mg/0.8ml, & 150mg/ml</i>	4	<i>ethinyl estradiol & norethindrone acetate 5mcg/1mg & 2.5mcg-0.5mg</i>	3
<i>enpresse-28</i>	2	<i>ethosuximide</i>	2
<i>enskyce</i>	2	<i>etodolac</i>	2
<i>entacapone</i>	4	<i>etodolac er</i>	2
<i>entecavir tabs</i>	4	<i>everolimus 0.25mg</i>	4
ENTRESTO	3	<i>everolimus 0.5mg, 0.75mg</i>	5
<i>enulose</i>	2	<i>everolimus tabs 2.5mg, 5mg & 7.5mg</i>	5
ENVARBUS XR	4	EVOTAZ	5
EPCLUSA	5	<i>exemestane</i>	3
EPIDIOLEX	5	<i>ezetimibe</i>	2
EPINEPHRINE AUTO-INJECTOR 0.15MG/0.3ML & 0.3MG/0.3ML	3	<i>ezetimibe & simvastatin</i>	3
<i>epitol</i>	2	F	
EPIVIR HBV SOLN 5MG/ML	4	<i>falmina</i>	2
<i>eplerenone</i>	3	<i>famciclovir</i>	2
<i>ergoloid mesylates</i>	3	<i>famotidine tabs</i>	1
ERIVEDGE	5	FANAPT	4
ERLEADA	5	FANAPT TITRATION PACK	4
<i>erlotinib</i>	5	FARXIGA	3
<i>ertapenem inj</i>	4	FARYDAK	5
ERYTHROCIN LACTOBIONATE INJ	4	FASENRA	5
<i>erythrocin stearate</i>	3	<i>febuxostat</i>	3
<i>erythromycin caps & tabs</i>	3	<i>felbamate oral susp 600mg/5ml</i>	5
<i>erythromycin dr</i>	3	<i>felbamate tabs 400mg</i>	2
<i>erythromycin ophthalmic oint</i>	2	<i>felbamate tabs 600mg</i>	4
<i>erythromycin topical gel & soln</i>	2	<i>felodipine er</i>	2
ESBRIET	5	<i>femynor</i>	2
<i>escitalopram</i>	2	<i>fenofibrate caps 43mg & 130mg</i>	2
<i>esomeprazole magnesium dr caps</i>	3	<i>fenofibrate micronized</i>	2
<i>estarylla</i>	2	<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
<i>estazolam</i>	2	<i>fenofibric acid dr caps</i>	3
<i>estradiol & norethindrone acetate 0.5mg/0.1mg & 1mg/0.5mg</i>	3	<i>fentanyl citrate lozenges 200mcg</i>	4
<i>estradiol oral</i>	2	<i>fentanyl citrate lozenges 400mcg, 600mcg, 800mcg, 1200mcg & 1600mcg</i>	5

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Drug Name	Drug Tier	Drug Name	Drug Tier
<i>fentanyl patches 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	3	<i>fondaparinux inj 7.5mg/0.6ml & 10mg/0.8ml</i>	5
FERRIPROX SOLN	5	FORFIVO XL	3
FERRIPROX TAB 1000MG	5	FORTEO INJ	5
FETZIMA	4	<i>fosamprenavir tabs</i>	5
FETZIMA TITRATION PACK	4	<i>fosinopril</i>	1
<i>finasteride tabs 5mg</i>	1	<i>fosinopril & hydrochlorothiazide</i>	1
FINTEPLA	5	FOTIVDA	5
<i>flavoxate</i>	2	<i>furosemide inj</i>	2
<i>flecainide acetate</i>	2	<i>furosemide oral</i>	1
<i>fluconazole in sodium chloride inj</i>	2	FUZEON INJ	3
<i>fluconazole oral</i>	2	<i>fyavolv</i>	3
<i>flucytosine</i>	5	FYCOMPA	4
<i>fludrocortisone acetate</i>	2	G	
<i>flunisolide nasal</i>	2	<i>gabapentin caps, tabs, & oral soln</i>	2
<i>fluocinolone acetonide cream, oint, soln</i>	3	<i>galantamine</i>	2
<i>fluocinolone acetonide otic soln</i>	3	<i>galantamine er</i>	2
<i>fluocinolone acetonide scalp oil</i>	3	<i>galantamine oral soln</i>	4
<i>fluocinonide cream 0.05%, gel & oint</i>	2	GAMMAGARD INJ	5
<i>fluocinonide emulsified base cream</i>	2	GAMUNEX-C INJ	5
<i>fluocinonide soln</i>	2	GARDASIL 9 INJ	4
<i>fluorometholone</i>	2	GATTEX INJ	5
FLUOROURACIL CREAM 0.5%	5	<i>gauze pads 2"x2"</i>	2
<i>fluorouracil topical 2% and 5%</i>	3	<i>gavilyte-c</i>	2
<i>fluoxetine hcl caps 10mg, 20mg & 40mg</i>	2	<i>gavilyte-g</i>	2
<i>fluoxetine hcl oral soln</i>	2	<i>gavilyte-n</i>	2
<i>fluoxetine hcl tabs 10mg & 20mg</i>	2	GAVRETO	5
<i>fluphenazine decanoate inj</i>	2	GELNIQUE	3
<i>fluphenazine inj</i>	2	<i>gemfibrozil</i>	2
<i>fluphenazine oral</i>	2	<i>generlac</i>	2
<i>flurazepam</i>	2	<i>gengraf</i>	2
<i>flutamide</i>	2	GENOTROPIN INJ	5
<i>fluticasone propionate cream & oint</i>	2	GENOTROPIN MINIQUICK INJ 0.2MG, 0.4MG, 0.6MG, 0.8MG	4
<i>fluticasone propionate nasal</i>	2	GENOTROPIN MINIQUICK INJ 1MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, & 2MG	5
<i>fluticasone propionate/salmeterol diskus 100mcg-50mcg, 250mcg-50mcg & 500mcg-50mcg</i>	2	<i>gentamicin cream 0.1% & oint 0.1%</i>	2
<i>fluvoxamine</i>	2	<i>gentamicin inj 40mg/ml</i>	2
<i>fluvoxamine er</i>	4	<i>gentamicin ophthalmic soln 0.3%</i>	2
<i>fondaparinux inj 2.5mg/0.5ml & 5mg/0.4ml</i>	4	GENVOYA	5
		GILENYA	5

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Drug Name	Drug Tier	Drug Name	Drug Tier
GILOTRIF	5	HUMIRA INJ	5
<i>glatiramer acetate inj</i>	5	HUMIRA PEDIATRIC CROHNS INJ	5
<i>glatopa inj</i>	5	HUMIRA PEN INJ	5
<i>glimepiride</i>	1	HUMIRA PEN-CD/UC/HS STARTER	5
<i>glimepiride & pioglitazone</i>	2	HUMIRA PEN-PS/UV STARTER	5
<i>glipizide</i>	1	HUMULIN 70/30 KWIKPEN INJ	3
<i>glipizide & metformin tabs</i>	1	HUMULIN 70/30 VIAL INJ	3
<i>glipizide er</i>	1	HUMULIN N KWIKPEN INJ	3
GLUCAGEN HYPOKIT	3	HUMULIN N VIAL INJ	3
GLUCAGON EMERGENCY KIT INJ	3	HUMULIN R U-500 (CONCENTRATED) KWIKPEN INJ	3
<i>glycopyrrolate tabs 1mg & 2mg</i>	2	HUMULIN R U-500 (CONCENTRATED) VIAL INJ	3
GLYXAMBI	3	HUMULIN R VIAL INJ	3
<i>granisetron oral</i>	2	<i>hydralazine oral</i>	2
<i>griseofulvin microsize</i>	2	<i>hydrochlorothiazide</i>	1
<i>guanfacine ir</i>	2	<i>hydrocodone & acetaminophen soln</i> 7.5-325mg/15ml	2
GVOKE	3	<i>hydrocodone & acetaminophen tabs</i> 5-325mg, 7.5-325mg, 10-325mg	2
H		<i>hydrocodone & ibuprofen</i>	2
<i>halobetasol propionate cream & ointment</i>	2	<i>hydrocortisone butyrate cream, oint & soln</i>	2
<i>haloperidol decanoate inj</i>	2	<i>hydrocortisone cream, lotion, oint 2.5%</i>	2
<i>haloperidol lactate inj</i>	2	<i>hydrocortisone enema</i>	2
<i>haloperidol oral</i>	2	<i>hydrocortisone oral</i>	2
HARVONI	5	<i>hydrocortisone valerate</i>	2
HAVRIX INJ	3	<i>hydromorphone immediate-release oral soln & tabs</i>	2
HEMADY	4	<i>hydromorphone inj</i>	3
<i>heparin inj vials 1000u/ml, 5000u/ml, 10000u/ml & 20000u/ml</i>	2	<i>hydroxychloroquine</i>	2
HETLIOZ	5	<i>hydroxyurea</i>	2
HETLIOZ LQ	5	<i>hydroxyzine hcl tabs</i>	2
HIBERIX INJ	3	I	
HUMALOG CARTRIDGE INJ	3	<i>ibandronate oral</i>	2
HUMALOG JUNIOR KWIKPEN INJ	3	IBRANCE CAPS	5
HUMALOG KWIKPEN INJ	3	IBRANCE TABS	5
HUMALOG MIX 50/50 KWIKPEN INJ	3	<i>ibu</i>	1
HUMALOG MIX 50/50 VIAL INJ	3	<i>ibuprofen</i>	1
HUMALOG MIX 75/25 KWIKPEN INJ	3	<i>icatibant inj</i>	5
HUMALOG MIX 75/25 VIAL INJ	3	ICLUSIG	5
HUMALOG VIAL INJ	3	<i>icosapent ethyl</i>	4
HUMATROPE COMBO PACK 5MG	5		
HUMATROPE INJ CARTRIDGE 12MG & 24MG	5		
HUMATROPE INJ CARTRIDGE 6MG	4		

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Drug Name	Drug Tier	Drug Name	Drug Tier
IDHIFA	5	ISENTRESS ORAL POWDER	5
<i>imatinib</i>	5	ISENTRESS TABS	5
IMBRUVICA	5	<i>isibloom</i>	2
<i>imipramine hcl tabs</i>	2	<i>isoniazid oral</i>	2
<i>imiquimod cream 5%</i>	3	<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, & 30mg</i>	2
<i>imiquimod cream 3.75%</i>	5	<i>isosorbide mononitrate</i>	2
IMOVAX RABIES INJ	3	<i>isosorbide mononitrate er</i>	2
IMURAN TABS	4	<i>isotretinoin caps 10mg, 20mg, 30mg & 40mg</i>	4
<i>incassia</i>	2	<i>isradipine</i>	2
INCRELEX INJ	5	<i>itraconazole</i>	4
<i>indapamide</i>	1	<i>ivermectin tabs</i>	2
<i>indomethacin er</i>	2	IXIARO INJ	4
<i>indomethacin ir caps</i>	2	J	
INFANRIX INJ	3	JAKAFI	5
INLYTA	5	<i>jantoven</i>	1
INQOVI	5	JANUMET	3
INREBIC	5	JANUMET XR	3
INTELENCE TAB 25MG	4	JANUVIA	3
INTELENCE TABS 100MG & 200MG	5	JARDIANCE	3
INTRALIPID INJ	4	<i>jasmiel</i>	2
INTRON-A INJ	3	JENTADUETO	3
<i>introvale</i>	2	JENTADUETO XR	3
INVEGA SUSTENNA INJ 39MG	4	<i>jinteli</i>	3
INVEGA SUSTENNA INJ 78MG, 117MG, 156MG, & 234MG	5	<i>juleber</i>	2
INVEGA TRINZA INJ	5	JULUCA	5
INVIRASE	4	<i>junel 21 day</i>	2
INVOKAMET	3	JUXTAPID	5
INVOKAMET XR	3	K	
INVOKANA	3	KALETRA TABS 100-25MG	4
IPOL INACTIVATED IPV INJ	3	KALETRA TABS 200-50MG	5
<i>ipratropium bromide & albuterol sulfate nebulizer</i>	2	KALYDECO	5
<i>ipratropium bromide nasal</i>	2	<i>kariva</i>	2
<i>ipratropium bromide nebulizer</i>	2	<i>kelnor 1/35, 1/50</i>	2
<i>irbesartan</i>	1	<i>ketoconazole cream, shampoo, & tabs</i>	2
<i>irbesartan hct</i>	1	<i>ketorolac oral tabs</i>	2
IRESSA	5	<i>ketorolac soln 0.4% & 0.5%</i>	2
ISENTRESS 100MG CHEW TABS	5	KINERET INJ	5
ISENTRESS CHEW TABS 25MG	3	KINRIX INJ	3
ISENTRESS HD TABS	5	KISQALI	5

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Drug Name	Drug Tier	Drug Name	Drug Tier
KISQALI FEMARA CO-PACK	5	<i>levobunolol</i>	2
<i>klor-con pack</i>	4	<i>levocarnitine oral</i>	2
<i>klor-con tabs</i>	2	<i>levocetirizine</i>	2
KORLYM	5	<i>levofloxacin inj</i>	2
<i>kurvelo</i>	2	<i>levofloxacin oral soln</i>	2
L		<i>levofloxacin tabs</i>	1
<i>labetalol oral</i>	2	<i>levonest</i>	2
LACRISERT	4	<i>levonorgestrel & ethinyl estradiol 0.1-0.02mg & 0.15-0.03mg & triphasic packs</i>	2
<i>lactulose soln 10g/15ml</i>	2	<i>levonorgestrel & ethinyl estradiol and ethinyl estradiol 0.1/0.02mg-0.01mg packs</i>	2
<i>lamivudine & zidovudine</i>	2	<i>levora</i>	2
<i>lamivudine soln</i>	2	<i>levothyroxine tabs</i>	1
<i>lamivudine tabs 100mg</i>	2	<i>levoxyl</i>	1
<i>lamivudine tabs 150mg & 300mg</i>	2	LEXIVA ORAL SUSP	4
<i>lamotrigine chewable tabs</i>	2	<i>lidocaine & prilocaine</i>	3
<i>lamotrigine immediate-release tabs</i>	2	<i>lidocaine ointment</i>	4
<i>lamotrigine starter kit</i>	4	<i>lidocaine patch</i>	3
<i>lamotrigine titration kit</i>	4	<i>lidocaine topical soln</i>	2
LANOXIN ORAL	3	<i>lidocaine viscous soln</i>	2
<i>lansoprazole dr caps</i>	2	<i>linezolid inj</i>	4
<i>lanthanum carbonate</i>	5	<i>linezolid oral susp</i>	4
LANTUS SOLOSTAR PEN INJ	3	<i>linezolid tabs</i>	4
LANTUS VIAL INJ	3	LINZESS	3
<i>lapatinib</i>	5	<i>liothyronine tabs</i>	2
<i>larin</i>	2	<i>lisinopril</i>	1
<i>larin fe</i>	2	<i>lisinopril & hydrochlorothiazide</i>	1
<i>larissia</i>	2	<i>lithium carbonate</i>	2
<i>latanoprost</i>	1	<i>lithium carbonate er</i>	2
LATUDA	5	<i>lithium citrate soln</i>	2
LAZANDA	5	LODINE TABS	2
LEDIPASVIR/SOFOSBUVIR	5	LONSURF	5
<i>leena</i>	2	<i>loperamide caps 2mg</i>	2
<i>leflunomide</i>	2	<i>lopinavir & ritonavir soln</i>	4
LENVIMA	5	<i>lorazepam oral soln</i>	2
<i>letrozole</i>	2	<i>lorazepam tabs</i>	2
<i>leucovorin oral</i>	2	LORBRENA	5
LEUKERAN	4	<i>loryna</i>	2
LEUKINE INJ	5	<i>losartan</i>	1
<i>leuprolide acetate inj</i>	2	<i>losartan hct</i>	1
<i>levalbuterol nebulizer</i>	2		
<i>levetiracetam er</i>	2		
<i>levetiracetam oral</i>	2		

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Drug Name	Drug Tier	Drug Name	Drug Tier
<i>lovastatin</i>	1	MESNEX TABS	4
<i>low-ogestrel</i>	2	<i>metformin er uncoated tabs 500mg & 750mg</i>	1
<i>loxapine</i>	2	<i>metformin tabs</i>	1
LUBIPROSTONE	3	<i>methadone oral</i>	2
LUMIGAN	3	<i>methazolamide</i>	4
LUPRON DEPOT INJ	5	<i>methenamine hippurate</i>	2
<i>lyleq</i>	2	<i>methimazole</i>	2
<i>lyllana</i>	3	<i>methocarbamol tabs</i>	2
LYNPARZA	5	<i>methotrexate inj 50mg/2ml</i>	2
LYSODREN	3	<i>methotrexate oral</i>	2
LYUMJEV INJ	3	<i>methoxsalen</i>	5
LYUMJEV KWIKPEN	3	<i>methyl dopa</i>	2
<i>lyza</i>	2	<i>methylphenidate er tabs 10mg & 20mg</i>	3
M		<i>methylphenidate ir tabs 5mg, 10mg & 20mg</i>	2
<i>magnesium sulfate inj</i>	2	<i>methylprednisolone dose pack</i>	2
<i>malathion</i>	4	<i>methylprednisolone oral</i>	2
<i>marlissa 28 day</i>	2	<i>metoclopramide oral tablets & soln</i>	2
MARPLAN	4	<i>metolazone</i>	2
MATULANE	5	<i>metoprolol & hydrochlorothiazide</i>	2
<i>meclizine</i>	2	<i>metoprolol succinate er</i>	2
MEDROL TABS	4	<i>metoprolol tartrate tabs 25mg, 50mg, & 100mg</i>	1
<i>medroxyprogesterone acetate inj</i>	2	<i>metronidazole inj</i>	2
<i>medroxyprogesterone acetate tabs</i>	2	<i>metronidazole oral</i>	2
<i>mefloquine</i>	2	<i>metronidazole topical</i>	3
<i>megestrol acetate oral susp 40mg/ml</i>	2	<i>metronidazole vaginal</i>	2
<i>megestrol tabs</i>	2	<i>metyrosine caps</i>	5
MEKINIST	5	<i>mexiletine</i>	2
MEKTOVI	5	<i>microgestin 1/20 & 1.5/30</i>	2
<i>meloxicam tabs</i>	1	<i>midodrine tabs</i>	3
<i>memantine hcl immediate release</i>	2	<i>migergot suppository</i>	4
<i>memantine hcl soln</i>	2	<i>miglustat</i>	5
MENACTRA INJ	3	<i>mili</i>	2
MENEST	4	MILLIPRED	4
MENQUADFI INJ	3	<i>mimvey</i>	3
MENVEO-A/C/Y/W-135 INJ	3	<i>minitrans patches</i>	2
<i>meprobamate</i>	4	<i>minocycline ir</i>	2
<i>mercaptopurine</i>	2	<i>minoxidil</i>	2
<i>meropenem inj</i>	4	<i>mirtazapine</i>	1
<i>mesalamine dr 400mg</i>	3		
<i>mesalamine enema kit</i>	4		
<i>mesalamine er caps</i>	4		

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Drug Name	Drug Tier	Drug Name	Drug Tier
<i>mirtazapine odt</i>	1	<i>neomycin & polymyxin & bacitracin</i>	2
<i>misoprostol</i>	2	<i>neomycin & polymyxin & bacitracin & hydrocortisone</i>	2
M-M-R II INJ	3	<i>neomycin & polymyxin & dexamethasone</i>	2
<i>modafinil</i>	4	<i>neomycin & polymyxin & gramicidin ophthalmic</i>	2
<i>moexipril</i>	1	<i>neomycin & polymyxin & hydrocortisone</i>	2
<i>molindone</i>	2	<i>neomycin sulfate oral</i>	2
<i>mometasone cream, oint & soln</i>	2	NEORAL	4
<i>mometasone furoate nasal</i>	3	NERLYNX	5
<i>mondoxyne nl</i>	2	NEUPRO PATCH	4
<i>montelukast</i>	2	<i>nevirapine er</i>	2
<i>morphine sulfate er tabs</i>	3	<i>nevirapine susp & tabs</i>	2
<i>morphine sulfate oral</i>	2	NEXAVAR	5
MOVANTIK	3	<i>niacin er tabs</i>	3
<i>moxifloxacin hcl ophthalmic</i>	2	<i>nicardipine caps</i>	2
<i>moxifloxacin oral</i>	2	NICOTROL INHALER	3
<i>mupirocin cream</i>	4	NICOTROL NASAL	3
<i>mupirocin ointment</i>	2	<i>nifedipine caps</i>	2
<i>mycophenolate mofetil caps & tabs</i>	2	<i>nifedipine er</i>	2
<i>mycophenolate mofetil oral susp</i>	5	<i>nikki</i>	2
<i>mycophenolic acid dr</i>	4	<i>nilutamide</i>	5
MYFORTIC	4	<i>nimodipine caps</i>	4
<i>myorisan</i>	4	NINLARO	5
MYRBETRIQ	3	<i>nisoldipine er</i>	4
N		<i>nitazoxanide tabs</i>	5
<i>nabumetone</i>	2	<i>nitisinone</i>	5
<i>nadolol</i>	2	<i>nitro-bid oint</i>	2
<i>nafcillin sodium inj</i>	4	NITRO-DUR PATCHES 0.3MG/HR & 0.8MG/HR	3
<i>naloxone inj 0.4mg/ml & 2mg/2ml</i>	2	<i>nitrofurantoin caps</i>	2
<i>naltrexone</i>	1	<i>nitroglycerin lingual</i>	2
<i>naproxen dr tabs</i>	1	<i>nitroglycerin patches</i>	2
<i>naproxen sodium ir tabs</i>	1	<i>nitroglycerin sublingual</i>	2
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	NIVESTYM	5
<i>naratriptan</i>	2	<i>norethindrone</i>	2
NARCAN	3	<i>norethindrone, ethinyl estradiol, ferrous fumarate 0.4mg/0.035mg</i>	2
NATACYN	4	<i>norethindrone, ethinyl estradiol, ferrous fumarate 20mcg/75mg/1mg</i>	2
<i>nateglinide</i>	2	<i>norgestimate-ethinyl estradiol</i>	2
NATPARA	5	<i>nortriptyline oral</i>	2
NAYZILAM	4		
NEBUPENT NEBULIZER	4		
<i>necon</i>	2		
<i>nefazodone</i>	2		

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Drug Name	Drug Tier	Drug Name	Drug Tier
NORVIR PACK & SOLN	3	ORENCIA INJ PF SYRINGE	5
NOXAFIL SUSPENSION	5	ORFADIN CAPS 20MG	5
NUBEQA	5	ORFADIN SUSP	5
NUEDEXTA	5	ORGOVYX	5
NUPLAZID	5	ORKAMBI	5
<i>nyamyc</i>	2	<i>orsythia 28 day</i>	2
<i>nylia 7/7/7</i>	2	<i>oseltamivir caps</i>	2
<i>nymyo</i>	2	<i>oseltamivir susp</i>	3
<i>nystatin</i>	2	OSMOPREP	3
<i>nystatin & triamcinolone</i>	3	OTEZLA	5
<i>nystop</i>	2	OTEZLA STARTER	5
O		<i>oxandrolone tab 10mg</i>	4
<i>octreotide inj 50mcg/ml, 100mcg/ml, 200mcg/ml & 500mcg/ml</i>	4	<i>oxandrolone tab 2.5mg</i>	3
<i>octreotide inj 1000mcg/ml</i>	5	<i>oxazepam</i>	3
ODEFSEY	5	<i>oxcarbazepine susp</i>	4
ODOMZO	5	<i>oxcarbazepine tabs</i>	2
OFEV	5	<i>oxybutynin</i>	2
<i>ofloxacin ophthalmic</i>	2	<i>oxybutynin er</i>	2
<i>ofloxacin oral</i>	2	<i>oxycodone & acetaminophen 2.5-325mg, 5-325mg, 7.5-325mg, 10-325mg</i>	3
<i>ofloxacin otic</i>	2	OXYCODONE ER	4
<i>olanzapine inj 10mg</i>	2	<i>oxycodone immediate-release</i>	2
<i>olanzapine odt</i>	2	<i>oxycodone oral soln</i>	2
<i>olanzapine tabs</i>	2	OXYTROL	4
<i>olmesartan</i>	2	OZEMPIC	3
<i>olmesartan & amlodipine</i>	2	P	
<i>olmesartan hct</i>	2	<i>pacerone tabs</i>	2
<i>olmesartan medoxomil & amlodipine & hydrochlorothiazide tabs</i>	2	<i>paliperidone er tabs</i>	4
<i>olopatadine soln 0.1%</i>	2	<i>pantoprazole tabs</i>	1
<i>olopatadine soln 0.2%</i>	2	<i>paricalcitol caps</i>	3
<i>omega-3-acid ethyl esters</i>	2	<i>paromomycin</i>	3
<i>omeprazole caps</i>	1	<i>paroxetine hcl er</i>	2
<i>ondansetron odt</i>	2	<i>paroxetine hcl immediate-release</i>	1
<i>ondansetron oral soln</i>	2	<i>paroxetine mesylate</i>	3
<i>ondansetron tabs</i>	2	PASER	4
ONUREG	5	PAXIL SUSP 10MG/5ML	4
OPSUMIT	5	PEDIARIX INJ	3
ORAPRED ODT	4	PEDVAX HIB INJ	3
ORAVIG	4	<i>peg 3350 & electrolytes</i>	2
ORENCIA CLICKJET	5	<i>peg 3350 & sodium chloride & sodium bicarbonate & potassium chloride</i>	2

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Drug Name	Drug Tier	Drug Name	Drug Tier
<i>peg 3350 & sodium sulfate & sodium chloride & potassium chloride & sodium ascorbate & ascorbic</i>	3	<i>plenamine inj</i>	2
PEGASYS INJ	5	PLENVU	3
PEMAZYRE	5	<i>pmdd fluoxetine hcl tabs 10mg & 20mg</i>	2
<i>penicillamine tabs</i>	5	<i>podofilox</i>	2
<i>penicillin g inj 2 million units, 5 million units</i>	2	<i>polymyxin b sulfate & trimethoprim sulfate ophthalmic soln</i>	2
<i>penicillin v potassium</i>	2	POMALYST	5
<i>pentamidine inhalation soln</i>	3	<i>posaconazole dr tabs</i>	5
<i>pentamidine inj</i>	4	<i>potassium chloride & dextrose & lactated ringers inj</i>	2
PENTASA	4	<i>potassium chloride & dextrose & sodium chloride inj 30mEq/5%/0.45% & 20mEq/5%/0.2%</i>	2
<i>pentoxifylline er</i>	2	<i>potassium chloride & dextrose 20mEq/5% inj</i>	2
PERFOROMIST NEBULIZER	4	<i>potassium chloride er & cr</i>	2
<i>perindopril</i>	1	<i>potassium chloride inj</i>	2
<i>perio gard</i>	2	<i>potassium chloride oral soln</i>	4
<i>permethrin cream</i>	2	<i>potassium chloride pack 20meq</i>	4
<i>perphenazine</i>	2	<i>potassium citrate er</i>	2
<i>perphenazine & amitriptyline</i>	2	PRADAXA	4
PERSERIS	5	<i>pramipexole ir</i>	2
<i>phenelzine</i>	2	<i>prasugrel</i>	2
<i>phenobarbital elixir</i>	2	<i>pravastatin</i>	1
<i>phenobarbital tabs</i>	2	<i>prazosin</i>	2
<i>phenytek</i>	2	PRED MILD	3
<i>phenytoin chewable tabs</i>	2	<i>prednicarbate</i>	2
<i>phenytoin er</i>	2	<i>prednisolone acetate</i>	2
<i>phenytoin oral susp</i>	2	<i>prednisolone odt</i>	4
PIFELTRO	5	<i>prednisolone oral soln</i>	2
<i>pilocarpine soln</i>	2	<i>prednisolone sodium phosphate</i>	2
<i>pilocarpine tabs</i>	3	PREDNISONE INTENSOL	4
<i>pimecrolimus</i>	4	<i>prednisone oral soln</i>	2
<i>pimozide</i>	2	<i>prednisone tabs</i>	1
<i>pimtrea</i>	2	<i>pregabalin</i>	2
<i>pindolol</i>	2	PREMARIN ORAL	4
<i>pioglitazone</i>	1	PREMARIN VAGINAL CREAM	3
<i>pioglitazone & metformin</i>	2	PREMPHASE	4
<i>piperacillin/tazobactam inj</i>	3	PREMPRO	4
PIQRAY	5	<i>prenatal multi-vitamin</i>	2
<i>pirmella 1/35</i>	2	<i>prevalite</i>	2
<i>piroxicam</i>	2	PREVYMIS	5
PLEGRIDY INJ	5		

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Drug Name	Drug Tier
PREZCOBIX	5
PREZISTA SUSP 100MG/ML	4
PREZISTA TABS 600MG & 800MG	5
PREZISTA TABS 75MG & 150MG	4
PRIFTIN	4
PRIMAQUINE	3
<i>primidone</i>	2
PROAIR RESPICLICK	3
<i>probenecid</i>	2
<i>probenecid & colchicine</i>	2
<i>prochlorperazine oral</i>	2
<i>prochlorperazine suppositories</i>	2
PROCRIT INJ 20000UNIT/ML & 40000UNIT/ML	5
PROCRIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML & 10000UNIT/ML	3
<i>procto-med hc</i>	2
<i>procto-pak</i>	2
<i>proctosol hc</i>	2
<i>proctozone-hc</i>	2
<i>progesterone caps</i>	2
PROGRAF CAPS	4
PROGRAF PACK	4
PROLASTIN C INJ	5
PROLIA	4
PROMACTA	5
<i>promethazine suppositories</i>	3
<i>promethazine syrup</i>	2
<i>promethazine tabs 12.5mg, 25mg & 50mg</i>	2
<i>promethegan</i>	3
<i>propafenone</i>	2
<i>propranolol er caps</i>	2
<i>propranolol ir tabs</i>	1
<i>propranolol oral soln</i>	2
<i>propylthiouracil</i>	2
PROQUAD INJ	3
PROSOL INJ	4
<i>protriptyline</i>	2
PULMICORT NEBULIZER	4
PULMOZYME	5

Drug Name	Drug Tier
PURIXAN	5
<i>pyrazinamide</i>	2
<i>pyridostigmine er tabs 180mg</i>	4
<i>pyridostigmine soln</i>	4
<i>pyridostigmine tabs 60mg</i>	3
<i>pyrimethamine</i>	5
Q	
QINLOCK	5
QUADRACEL INJ	3
<i>quetiapine</i>	2
<i>quetiapine er tabs</i>	3
<i>quinapril</i>	1
<i>quinapril & hydrochlorothiazide</i>	1
<i>quinidine gluconate cr</i>	4
<i>quinidine sulfate</i>	2
<i>quinine sulfate caps 324mg</i>	3
QVAR REDHALER	3
R	
RABAVERT INJ	3
<i>rabeprazole sodium</i>	3
<i>raloxifene hcl</i>	3
<i>ramelteon</i>	3
<i>ramipril</i>	1
<i>ranolazine er</i>	4
RAPAMUNE SOLN	5
RAPAMUNE TABS	4
<i>rasagiline</i>	4
RAVICTI	5
REBIF INJ	5
REBIF REBIDOSE INJ	5
REBIF REBIDOSE TITRATION PACK INJ	5
REBIF TITRATION PACK INJ	5
<i>reclipsen</i>	2
RECOMBIVAX HB INJ	3
RECTIV	4
REGRANEX	5
RELENZA DISKHALER	3
RELISTOR INJ	5
RELISTOR TABS	5
<i>repaglinide</i>	2
REPATHA INJ	3

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Drug Name	Drug Tier
RESTASIS	3
RETACRIT INJ 20000UNIT/ML & 40000UNIT/ML	5
RETACRIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML & 20000UNIT/2ML	3
RETEVMO	5
REVLIMID	5
REXULTI	5
REYATAZ ORAL POWDER	5
<i>ribavirin</i>	3
RIDAURA	5
<i>rifabutin</i>	4
<i>rifampin inj</i>	2
<i>rifampin oral</i>	2
<i>riluzole</i>	3
<i>rimantadine</i>	2
RINVOQ	5
<i>risedronate sodium</i>	3
<i>risedronate sodium dr</i>	3
RISPERDAL CONSTA INJ 12.5MG & 25MG	4
RISPERDAL CONSTA INJ 37.5MG & 50MG	5
<i>risperidone</i>	2
<i>risperidone odt</i>	2
<i>ritonavir tabs</i>	3
<i>rivastigmine caps</i>	3
<i>rivastigmine patches</i>	4
<i>rizatriptan</i>	2
<i>rizatriptan odt</i>	2
<i>ropinirole ir</i>	2
<i>rosuvastatin</i>	2
ROTARIX	3
ROTATEQ	3
<i>roweepra 500mg</i>	2
ROZLYTREK	5
RUBRACA	5
<i>rufinamide oral susp & tabs</i>	4
RUKOBIA	5
RYBELSUS	3
RYDAPT	5

Drug Name	Drug Tier
S	
SANDIMMUNE CAPS 25MG & 100MG	4
SANDIMMUNE ORAL SOLN 100MG/ML	4
SANTYL	3
<i>sapropterin</i>	5
SAVELLA	3
SAVELLA TITRATION PACK	3
<i>scopolamine patch</i>	3
SECUADO	5
<i>selegiline</i>	2
<i>selenium sulfide lotion</i>	2
SELZENTRY 150MG & 300MG	5
SELZENTRY 25MG & 75MG	4
SELZENTRY SOLN	4
SEREVENT DISKUS	3
SEROQUEL XR	4
<i>sertraline oral soln</i>	2
<i>sertraline tabs</i>	1
<i>setlakin</i>	2
<i>sevelamer carbonate powder</i>	5
<i>sevelamer carbonate tabs</i>	4
<i>sharobel</i>	2
SHINGRIX	3
SIGNIFOR INJ	5
<i>sildenafil tab 20mg</i>	3
<i>silver sulfadiazine</i>	2
<i>simvastatin</i>	1
<i>sirolimus soln</i>	5
<i>sirolimus tabs</i>	4
SIRTURO	5
SIVEXTRO	5
SKYRIZI	5
<i>sodium chloride inj</i>	2
<i>sodium phenylbutyrate powder & tabs</i>	5
<i>sodium polystyrene sulfonate powder</i>	2
SOFOSBUVIR/VELPATASVIR	5
<i>solifenacin succinate</i>	3
SOLTAMOX	3
SOMAVERT INJ	5
<i>sorine</i>	2
<i>sotalol tabs</i>	2

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Drug Name	Drug Tier	Drug Name	Drug Tier
SPIRIVA HANDIHALER	3	SYNJARDY XR	3
SPIRIVA RESPIMAT	3	SYNRIBO INJ	5
<i>spironolactone</i>	1	SYNTHROID	3
<i>spironolactone & hydrochlorothiazide</i>	1	T	
SPRITAM	4	TABLOID	4
SPRYCEL	5	TABRECTA	5
<i>sps suspension</i>	2	<i>tacrolimus caps 0.5mg & 1mg</i>	3
<i>ssd</i>	2	<i>tacrolimus caps 5mg</i>	4
STELARA INJ 45MG/0.5ML, & 90MG/ML	5	<i>tacrolimus oint</i>	4
STIOLTO RESPIMAT	3	<i>tadalafil tab 20mg</i>	5
STIVARGA	5	TAFINLAR	5
<i>streptomycin inj</i>	2	TAGRISSE	5
STRIBILD	5	TALZENNA	5
STRIVERDI RESPIMAT	3	<i>tamoxifen</i>	2
SUCRAID	5	<i>tamsulosin</i>	1
<i>sucralfate tabs</i>	2	TARGRETIN GEL	5
<i>sulfacetamide sodium & prednisolone</i>	2	<i>tarina fe 1/20</i>	2
<i>sodium phosphate ophthalmic</i>		TASIGNA	5
<i>sulfacetamide sodium ophthalmic oint & soln 10%</i>	2	<i>tazarotene cream</i>	3
<i>sulfacetamide sodium topical lotion 10%</i>	2	<i>tazicef inj</i>	2
<i>sulfadiazine tabs</i>	4	TAZORAC CREAM 0.05%	3
<i>sulfamethoxazole & trimethoprim ds tabs</i>	1	TAZORAC GEL	3
<i>sulfamethoxazole & trimethoprim oral susp</i>	2	<i>taztia xt</i>	2
<i>sulfamethoxazole & trimethoprim tabs</i>	1	TAZVERIK	5
<i>sulfasalazine</i>	2	TDVAX	3
<i>sulindac</i>	2	TEFLARO INJ	5
<i>sumatriptan nasal</i>	4	TEGRETOL	3
<i>sumatriptan succinate inj</i>	4	TEGRETOL XR	3
<i>sumatriptan succinate tabs</i>	2	TEKTURNA HCT	3
SUPRAX CHEWABLE TABS & ORAL SUSP 500MG/5ML	4	<i>telmisartan</i>	2
SUPREP BOWEL PREP	3	<i>temazepam caps 22.5mg</i>	3
SUTENT	5	<i>temazepam caps 7.5mg, 15mg & 30mg</i>	2
SYMJEPI	3	TEMIXYS	5
SYMLIN PEN INJ	5	TENIVAC	3
SYMPAZAN 10MG & 20MG	5	<i>tenofovir disoproxil fumarate tabs 300mg</i>	4
SYMPAZAN 5MG	4	TEPMETKO	5
SYMTUZA	5	<i>terazosin</i>	1
SYNAREL	4	<i>terbinafine</i>	2
SYNJARDY	3	<i>terbutaline sulfate oral</i>	2
		<i>terconazole</i>	2
		<i>teriparatide inj</i>	5

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Drug Name	Drug Tier	Drug Name	Drug Tier
<i>testosterone cypionate inj</i>	2	TOUJEO SOLOSTAR	3
<i>testosterone enanthate inj</i>	2	TOVIAZ	3
<i>testosterone gel 1% & 1.62%</i>	3	TPN ELECTROLYTES INJ	3
<i>testosterone gel 25mg/2.5g, 20.25mg/1.25g, 40.5mg/2.5g & 50mg/5g</i>	3	TRACLEER 32MG	5
<i>tetrabenazine</i>	5	TRADJENTA	3
<i>tetracycline</i>	3	<i>tramadol & acetaminophen</i>	2
THALOMID	5	<i>tramadol er tabs</i>	3
<i>theophylline er tabs</i>	2	<i>tramadol ir tab 100mg</i>	2
THIOLA EC	5	<i>tramadol tab 50mg</i>	2
<i>thioridazine</i>	2	<i>trandolapril</i>	1
<i>thiothixene</i>	2	<i>tranexamic acid tabs</i>	3
<i>tiadylt er</i>	2	<i>tranylcypromine</i>	4
<i>tiagabine tabs</i>	4	TRAVASOL INJ	4
TIBSOVO	5	<i>trazodone</i>	1
TIGECYCLINE INJ	5	TRECTOR	4
<i>timolol ophth soln 12 hours 0.25% & 0.5%</i>	1	TRELEGY ELLIPTA	3
<i>timolol ophthalmic gel forming</i>	2	TRELSTAR MIXJECT	5
<i>timolol oral</i>	1	<i>tretinoin caps</i>	5
<i>tiopronin</i>	5	<i>tretinoin cream, gel</i>	3
TIVICAY PD	4	<i>triamcinolone acetonide topical cream, lotion</i>	2
TIVICAY TAB 10MG	4	<i>triamcinolone acetonide topical oint 0.025%, 0.1%, 0.5%</i>	2
TIVICAY TABS 25MG & 50MG	5	<i>triamcinolone dental paste</i>	2
<i>tizanidine caps</i>	3	<i>triamterene & hydrochlorothiazide</i>	1
<i>tizanidine tabs</i>	2	<i>triazolam</i>	2
TOBI PODHALER	5	<i>triderm cream 0.1%</i>	2
TOBI SOLN	5	<i>trientine</i>	5
TOBRADEX OINT	3	<i>tri-estarylla</i>	2
<i>tobramycin & dexamethasone ophthalmic suspension</i>	2	<i>trifluoperazine</i>	2
<i>tobramycin nebulizer</i>	5	<i>trifluridine</i>	2
<i>tobramycin ophthalmic solution</i>	2	<i>trihexyphenidyl elixir</i>	2
<i>tobramycin sulfate inj</i>	2	<i>trihexyphenidyl tabs</i>	2
<i>tolterodine tartrate er</i>	2	TRIJARDY XR	3
<i>topiramate immediate-release</i>	2	TRIKAFTA	5
<i>toremifene citrate</i>	5	TRILEPTAL	4
<i>torseamide oral</i>	2	<i>tri-lo-estarylla</i>	2
TOUJEO MAX SOLOSTAR	3	<i>tri-lo-sprintec</i>	2
		<i>trimethoprim</i>	2
		<i>tri-mili</i>	2

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Drug Name	Drug Tier	Drug Name	Drug Tier
<i>trimipramine maleate</i>	2	VASCEPA CAPS	4
TRINTELLIX	4	<i>velivet</i>	2
<i>tri-nymyo</i>	2	VELTASSA	3
<i>tri-sprintec</i>	2	VENCLEXTA STARTING PACK	5
TRIUMEQ	5	VENCLEXTA TABS 100MG	5
<i>trivora-28</i>	2	VENCLEXTA TABS 10MG & 50MG	3
<i>tri-vylibra</i>	2	<i>venlafaxine er caps & tabs</i>	2
<i>tri-vylibra lo</i>	2	<i>venlafaxine ir tabs</i>	2
<i>tropium</i>	2	VENTAVIS	5
<i>tropium er</i>	2	<i>verapamil er</i>	2
TRULICITY INJ	3	<i>verapamil ir</i>	1
TRUMENBA INJ	3	<i>verapamil sr</i>	2
TUKYSA	5	VERSACLOZ	5
TURALIO	5	VERZENIO	5
TWINRIX INJ	3	<i>vestura</i>	2
TYBOST	3	VICTOZA INJ	3
TYMLOS	5	<i>vienna</i>	2
TYPHIM VI INJ	3	<i>vigabatrin powder for oral soln & tabs</i>	5
U		<i>vigadrone powder for oral soln</i>	5
UDENYCA	5	VIIBRYD	4
UKONIQ	5	VIIBRYD STARTER PACK	4
<i>unithroid</i>	1	VIMPAT ORAL	4
UPTRAVI	5	VIRACEPT	5
<i>ursodiol</i>	3	VIREAD POWDER	4
V		VIREAD TABS 150MG, 200MG, & 250MG	5
<i>valacyclovir</i>	2	VITRAKVI	5
VALCHLOR	5	VIZIMPRO	5
<i>valganciclovir soln & tabs</i>	3	<i>voriconazole inj</i>	5
<i>valproic acid oral caps & soln</i>	2	<i>voriconazole oral suspension</i>	5
<i>valsartan</i>	1	<i>voriconazole tabs 50mg & 200mg</i>	4
<i>valsartan & amlodipine</i>	1	VOSEVI	5
<i>valsartan & amlodipine & hct</i>	2	VOTRIENT	5
<i>valsartan hct</i>	1	VRAYLAR CAPSULES	5
VALTOCO	4	VRAYLAR DOSE PACK	4
<i>vancomycin caps 125mg & 250mg</i>	4	VUMERITY	5
<i>vancomycin inj</i>	3	<i>vyfemla</i>	2
<i>vancomycin oral soln</i>	4	<i>vylibra</i>	2
<i>vandazole</i>	2	W	
VAQTA INJ	3	<i>warfarin</i>	1
VARIVAX INJ	3	<i>wixela inhub</i>	2
VARIZIG INJ	4		

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Drug Name	Drug Tier
<i>wymzya fe</i>	2
X	
XALKORI	5
XARELTO	3
XARELTO STARTER PACK	3
XATMEP	4
XCOPRI MAINTENANCE PACK	5
XCOPRI TABS 200MG	5
XCOPRI TABS 50MG, 100MG & 150MG	4
XCOPRI TITRATION PACK	4
XELJANZ	5
XELJANZ XR	5
XERMELO	5
XGEVA INJ	5
XIFAXAN TABS 200MG	3
XIFAXAN TABS 550MG	5
XIGDUO XR	3
XOFLUZA	4
XOLAIR	5
XOPENEX NEBULIZER	4
XOSPATA	5
XPOVIO	5
XTANDI	5
XYREM	5
XYWAV	5
Y	
YF-VAX INJ	3
YONSA	5
YUPELRI	5
<i>yuvafem</i>	3
Z	
<i>zafirlukast</i>	2
ZARXIO	5
ZEJULA	5
ZELBORAF	5
<i>zenatane</i>	4
<i>zenzedi tabs 5mg & 10mg</i>	3
ZERBAXA INJ	5
<i>zidovudine</i>	2
<i>ziprasidone inj</i>	3
<i>ziprasidone oral</i>	2

Drug Name	Drug Tier
ZIRGAN	4
ZOLINZA	5
<i>zolmitriptan odt</i>	3
<i>zolmitriptan tabs</i>	3
<i>zolpidem ir tabs 5mg & 10mg</i>	2
ZOMIG NASAL	4
<i>zonisamide</i>	2
ZORTRESS TABS 0.25MG	4
ZORTRESS TABS 0.5MG, 0.75MG & 1MG	5
ZOSYN INJ 2GM/0.25GM & 3GM/0.375GM	4
<i>zovia</i>	2
ZYDELIG	5
ZYKADIA TABS	5
ZYPREXA RELPREVV INJ 210MG	4

Many SCAN plans have additional coverage for the prescription drug listed below. This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your out-of-pocket costs. If you are receiving “Extra Help” to pay for your prescriptions, you will not get any extra help to pay for this drug. **This drug has a quantity limit of 4 tablets per 30 days (a maximum of 49 tablets per year).**

Drug Name	Drug Tier
<i>Generic Viagra</i>	1
<i>sildenafil tabs 25mg, 50mg, 100mg</i>	

Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *metformin*).



Alternatives for Medications Not Covered by SCAN

Non-formulary medications are drugs that are not listed in the SCAN Formulary because they are not covered by SCAN. The following is a list of some non-formulary medications with examples of alternatives that are on the formulary. The list is not all-inclusive. For a complete, up-to-date formulary, please visit our website at www.scanhealthplan.com.

This list of alternatives found in the SCAN Formulary is current as of **August, 2021** and is subject to change.

Drug Class	Drugs Not Covered by SCAN	Alternative(s) found in the SCAN Formulary
ASTHMA/COPD	ADVAIR DISKUS, SYMBICORT	<i>wixela inhub</i> (generic for Advair Diskus) <i>fluticasone propionate-salmeterol diskus</i> (generic for Advair Diskus) BREQ ELLIPTA TRELEGY ELLIPTA
	PROAIR HFA, VENTOLIN HFA, PROVENTIL HFA	<i>albuterol hfa 6.7g & 8.5g</i> [QL]
	FLOVENT HFA, PULMICORT HFA	QVAR, ASMANEX
GASTROINTESTINAL	DEXILANT, PREVACID, NEXIUM, PRILOSEC	<i>omeprazole, pantoprazole, lansoprazole, esomeprazole</i> [ST], <i>rabeprazole</i> [ST]
DIABETES ORAL	ONGLYZA, NESINA, OSENI	JANUVIA, TRADJENTA
	STEGLATRO	JARDIANCE, FARXIGA, INVOKANA
DIABETES INSULIN	NOVOLOG, NOVOLIN, APIDRA, FIASP, ADMELOG, INSULIN LISPRO, INSULIN ASPART	HUMALOG, HUMULIN, LYUMJEV
	LEVEMIR, BASAGLAR, SEMGLEE, TRESIBA	LANTUS, TOUJEO

[PA] = Prior Authorization; [ST] = Step Therapy; [QL] = Quantity Limits; [BvsD] = B versus D
Brand name drugs are capitalized and generic drugs are listed in lowercase italics.

For a complete and updated list of drugs covered by SCAN, please refer to the 2022 SCAN Health Plan Formulary on our website at www.scanhealthplan.com.

1. Copay/coinsurance may vary by plan, county, contract year, the pharmacy you choose (e.g., Preferred or Standard, etc.) or whether you receive a one-month or a three-month supply or when you enter another phase of the Part D benefit or if you receive “Extra Help” to pay for your prescription drugs. You can fill your prescriptions at any of our network pharmacies, but you may pay less at a SCAN Preferred pharmacy. Check your Evidence of Coverage or call SCAN Member Services for details.

You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts Pharmacy is our Preferred mail-order pharmacy. While you can fill your prescription medications at any of our network mail-order pharmacies, you may pay less at the Preferred mail-order pharmacy. Typically, you should expect to receive your prescription drugs within 14 days from the time that Express Scripts mail-order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact SCAN Health Plan’s Member Services. For your mail-order prescriptions, you have the option to sign up for an automatic refill program by contacting Express Scripts Pharmacy at 1-866-553-4125, 24 hours a day, 7 days a week. TTY users call 711. You may opt out of automatic deliveries at any time.

SCAN Health Plan is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal. Other Pharmacies are available in our network.

Enrollment Forms



Retiree Group Health Plan Enrollment Request Form



Please contact SCAN Health Plan® if you need any information in another language or format. (Braille)

Step 1: Please fill out the application completely. Use a ballpoint pen and press hard to make two copies.

Step 2: Sign and date the application.

Step 3: Keep the BOTTOM copy for your file.

If you have any questions regarding this application, please call 1-877-212-7654 (TTY: 711). Hours are 8 A.M. to 8 P.M., 7 days a week from October 1 to March 31. From April 1 to September 30 hours are 8 A.M. to 8 P.M., Monday through Friday. Messages received on holidays and outside of our business hours will be returned within one business day.

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1 To Enroll in SCAN Health Plan, Please Provide the Following Information:	
Retiree Group Name: _____	Group Number: _____
Last Name: _____ First Name: _____ M.I.: _____	
Birth Date: ____/____/____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <small>MM DD YYYY</small>	
Phone #: (____) _____ Email Address: _____	
Please choose how you want to receive plan information:	
<input type="checkbox"/> Check here to get your Part C Explanation of Benefits (EOB) and Annual Notice of Change (ANOC) online, rather than by U.S. mail. You will receive an e-mail each time one of these documents is available. You can change back to U.S. mail at any time.	
Permanent Residence Street Address (PO Box is not allowed): _____	
City: _____ State: _____ Zip Code: _____	
Mailing Address, (PO Box is allowed) (only if different from your Permanent Residence Address):	
Street Address: _____	
City: _____ State: _____ Zip Code: _____	
Emergency Contact (optional): _____	
Phone Number: (____) _____ Relationship to You: _____	
Please check one of the boxes below if you want plan information in a language other than English:	
Language: <input type="checkbox"/> Spanish <input type="checkbox"/> Other format content _____	
Select one if you want us to send you information in an accessible format. <input type="checkbox"/> Braille <input type="checkbox"/> Spanish <input type="checkbox"/> Audio CD	
Please contact SCAN Health Plan at 1-877-212-7654 (TTY: 711) if you need information in an accessible format (like audio or large print) or a language other than those listed above. Hours are 8 A.M. to 8 P.M., 7 days a week from October 1 to March 31. From April 1 to September 30 hours are 8 A.M. to 8 P.M., Monday through Friday. Messages received on holidays and outside of our business hours will be returned within one business day.	
Social Security: - -	

2 Please Provide Your Medicare Insurance Information	
Please take out your red, white and blue Medicare card to complete this section. <ul style="list-style-type: none"> Fill out this information as it appears on your Medicare card. 	Name (as it appears on your Medicare card): _____
	Medicare Number: _____

Please choose a Primary Care Physician (PCP), and Medical Group.

Physician Name:

Physician ID Number:

Medical Group Name:

Group ID Number:

Is this a new physician for you? Yes No

1. Are you the retiree? Yes No

If yes, retirement date (month/date/year): _____

If no, name of retiree: _____

2. Are you covering a spouse or dependents under this employer or union plan? Yes No

If yes, name of spouse: _____

Name(s) of dependent(s): _____

** A separate application is required for a spouse or dependent for enrollment in SCAN Health Plan.

3. Do you work? Yes No

Does your spouse work? Yes No

4. Do you have end stage renal disease (ESRD)? Yes No

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

5. Some individuals may have other drug coverage, including other private insurance, Worker's Compensation, VA benefits or state pharmaceutical assistance programs. Yes No

Will you have other prescription drug coverage in addition to SCAN Health Plan?

If "yes" please provide the following information:

Name of other coverage: _____

ID # for other coverage: _____

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. Please call SCAN Member Services at 1-800-559-3500. TTY: 711.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay SCAN Health Plan the Part D-IRMAA. For more information about contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users call 1-800-325-0778.

By completing this enrollment application, I agree to the following:

SCAN Health Plan is a Medicare Advantage plan and has a contract with the Federal Government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 – December 7 of every year), or under certain special circumstances.

SCAN Health Plan serves a specific service area. If I move out of the area that SCAN Health Plan serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of SCAN, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from SCAN when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date SCAN coverage begins, I must get all of my health care from SCAN, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by SCAN and other services contained in my SCAN Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR SCAN WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with SCAN, he/she may be paid based on my enrollment in SCAN.

Release of Information: By joining this Medicare health plan, I acknowledge that SCAN will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that SCAN will release my information, including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations. 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 authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (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 from Medicare.

Signature: _____ Today's Date: _____

If you are the authorized representative, you must sign above and provide the following information:

Name: _____ Relationship to enrollee: _____

Address: _____

Phone number: (____) _____

OFFICE USE ONLY

NAME OF STAFF MEMBER/AGENT/BROKER (if assisted in enrollment):	NATIONAL PRODUCER NUMBER (NPN):
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ENROLLEE'S PREFERRED SPOKEN LANGUAGE (IF OTHER THAN ENGLISH):

EFFECTIVE DATE OF COVERAGE ____/____/____ (M M / D D / Y Y Y Y)	ICEP/IEP <input type="checkbox"/>	AEP <input type="checkbox"/>	SEP (TYPE) <input type="checkbox"/> _____	NOT ELIGIBLE <input type="checkbox"/>	REC'D DATE:
CHECK THE APPROPRIATE BOX(ES) ABOVE					

3800 Kilroy Airport Way, Suite 100, Long Beach, CA 90806

Coordination of Care



PLEASE PRINT LEGIBLY

Member last name				Effective date	
First name				D.O.B.	
Phone			Emergency phone		
Marital status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Decline to State				
Is enrollee a SCAN Connections (HMO SNP) or SCAN Connections at Home (HMO SNP) enrollee? <input type="checkbox"/> Yes <input type="checkbox"/> No If Employer Group enrollee, does the enrollee have an immediate need for services? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Current MG/IPA (prior to enrolling with SCAN):			Is enrollee staying with this MG/IPA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current PCP (prior to enrolling with SCAN):			Is enrollee staying with the same PCP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Current PCP phone number:		
Enrollee's preferred spoken language:					
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean		<input type="checkbox"/> Japanese <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian		<input type="checkbox"/> Farsi (Persian) <input type="checkbox"/> Thai <input type="checkbox"/> Russian <input type="checkbox"/> Cambodian	
<input type="checkbox"/> American Sign Language/ Braille <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____ <input type="checkbox"/> Decline to state					
Race/ethnicity:					
<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino/Latinx <input type="checkbox"/> Chinese <input type="checkbox"/> African American/Black		<input type="checkbox"/> Korean <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese		<input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian	
<input type="checkbox"/> Pacific Islander <input type="checkbox"/> Mixed Race <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____ <input type="checkbox"/> Decline to state					
Continuity of Care and Services:					
If the member has an urgent care issue, is in the middle of treatment or using medical equipment issued by their doctor, please check "YES" and select the concern(s) in the provided boxes. A SCAN Care Navigator will contact the member near their enrollment date to assist with the transition of services.					
Does member have an identified Continuity of Care need? *Required <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Urgent Issue (Homeless, Unable to Afford Medication/Food)		<input type="checkbox"/> Planned Surgery <input type="checkbox"/> Durable Medical Equipment			
<input type="checkbox"/> Currently Hospitalized or Skilled Nursing Facility		<input type="checkbox"/> Other			
<input type="checkbox"/> Dialysis/Chemotherapy/Home Health					
Medication: Please check the SCAN drug Formulary list to see if the member's prescriptions require prior authorization or are not on the Formulary.					
Does member have any current medications that require prior authorization or are not on the SCAN Formulary ? *Required <input type="checkbox"/> Yes <input type="checkbox"/> No If you provide information below , a SCAN Care Navigator will contact the member near their enrollment date to assist them with their prescriptions.					
List name(s) of member's medication(s) requiring prior authorization or not on the SCAN Formulary (<i>Optional</i>):					
Requests for continuity of care are reviewed on a case by case basis, with the goal to establish and continue care with an in-network provider.					
<input type="checkbox"/> Electronic enrollment completed <input type="checkbox"/> Completed paper enrollment – sent separately			<input type="checkbox"/> Fax completed form to Enrollment Dept. Fax number: 562-989-5243		

What to Expect Next

You've sent in your SCAN Health Plan® enrollment form—so now what happens?



Verification Letter. This letter is required by Medicare to make sure the SCAN plan was fully explained to you and to confirm that you want to enroll in SCAN.



Approval Letter. This letter will let you know if your enrollment with SCAN has been approved by Medicare.



SCAN Member ID Card + Quick Start Guide. Your member ID card and Quick Start Guide will arrive together.

The Quick Start Guide is filled with information to help you get your membership started off right.



SCAN Welcome Kit. This packet is filled with helpful information, including the complete Evidence of Coverage brochure. You will receive this in the mail, even if you signed up to receive future plan materials online.



SCAN Club Newsletter. This newsletter is just one of the ways we stay in touch with plan updates, health reminders and more.



Health Assessment. A few months into your SCAN membership you may receive a health assessment, either by mail or online. We encourage you to fill it out to help us serve you better.



You might also receive:

- **A call to arrange for health services** (if you filled out the "Coordination of Services" form). Expect this call shortly before/after your membership takes effect.

Once you receive your ID card, you can contact SCAN Member Services with any questions about your new plan.

✉ MemberServices@scanhealthplan.com

☎ 1-800-559-3500 (TTY: 711)

Oct. 1 - Mar. 31: 8 a.m. to 8 p.m., 7 days a week

Apr. 1 - Sept. 30: 8 a.m. to 8 p.m., Mon. - Fri.

Messages received on holidays or outside of business hours will be returned within one business day.

Visit www.scanhealthplan.com/getstarted to get a head start on your new health plan!





Contact an authorized SCAN
representative today:

1-877-230-7226



Or visit:

www.scanhealthplan.com

TTY users: 711

October 1 to March 31: 8 a.m. to 8 p.m.,
7 days a week

April 1 to September 30: 8 a.m. to 8 p.m.,
Monday through Friday



SCAN Health Plan is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.