

SCHOOLCARE 65⁺ Advantage Plan

Bonus Drug List 2025

Your employer group or plan sponsor offers a bonus drug list. The prescription drugs on this list are covered in addition to the drugs on the plan's Drug List (Formulary).

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

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

Coverage for the prescription drugs on the bonus drug list is in addition to your Part D drug coverage. Unlike your Part D drug coverage, you are unable to file a Medicare appeal or grievance for drugs on the bonus drug list. If you have questions, please call Customer Service using the information on the cover of this book.

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

This is not a complete list of the prescription drugs available to you or the restrictions and limitations that may apply through the bonus drug list. If your drug has any coverage rules or limits, there will be code(s) in the "Coverage rules or limits on use" column of the chart. The codes and what they mean are shown below. If you have questions about drug coverage, please call Customer Service using the information on your United HealthCare ID Card.

QL - Quantity limits. The plan only covers a certain amount of this drug for one copay or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug.

MME - Morphine milligram equivalent. Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME), and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than one opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

7D - 7-day limit. An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy when appropriate.

DL - Dispensing limit. Dispensing limits apply to this drug. This drug is limited to a one-month supply per prescription.

Drug Name	Tier	Coverage Rules or Limitation on Use
Analgesics		
Salsalate	1	
Phenazopyridine	1	
Anorexiant		
Phentermine	1	QL
Anticoagulants		
Herparin Lock Flush	1	
Dermatological agents		

Sulfacetamide Sodium liquid wash 10%	1	
Sulfacetamide Sodium w/ sulfur crm 10%-5%	1	
Pramoxine/hydrocortisone crm 1%-2.5%	1	
Gastrointestinal agents		
Hydrocortisone acetate suppository 25mg	1	
Lidocaine /Hydrocortisone perianal crm 3%-0.5%	1	
Hyoscyamine Sulfate	1	
Levbid	3	
Genitourinary agents		
Edex	3	QL (6 cartridges per month)
Sildenafil (25mg, 50mg, 100mg)	1	QL (6 tablets per month)
Tadalafil	1	QL (6 tablets per month)
Vardenafil	1	QL (6 tablets per month)
Addyi	3	QL (1 tablet per day)
Vyleesi	3	QL (8injections per 30 days)
Uro-MP 118mg	3	
Belladonna Alkaloids and Opium Suppositories	1	MME, 7D, DL
Hormonal agents		
Armour Thyroid	3	
NP Thyroid	1	
Nutritional supplements		
K-Phos Tab	3	
Potassium Bicarbonate Tab 25 mEq	1	
Cyanocobalamin Inj 1000mcg	1	
Folic Acid 1mg (Rx only)	1	
Folic Acid Vit B6-Vt B12 Tab 2.5-25 1mg	1	
Phytonadione Tab	1	
Reno Cap	1	
Vitamin D 50,000 unit (Rx only)	1	
Respiratory tract agents		
Benzonatate (100mg, 200mg)	1	
Brompheniramine /Pseudoephedrine/ Dextromethorphan syrup	1	
Guaifenesin /Codeine syrup	1	DL
Hydrocodone Polst /Chlorpheniramine ER Susp	1	DL
Hydrocodone /Homatropine	1	DL
Promethazine/ Codeine syrup	1	DL
Promethazine /Dextromethorphan syrup	1	

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and/or copayments/coinsurance may change each plan/benefit year. The Drug List may change at any time. You will receive notice when necessary.