Tufts Health Plan Medicare Preferred

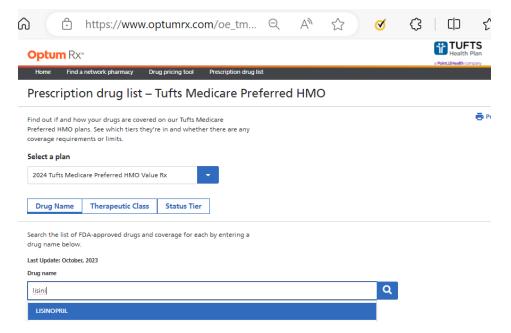
Plan Selected: 2024 Tufts Medicare Preferred HMO Value Rx

Zip Code: 02451 (Waltham, MA)

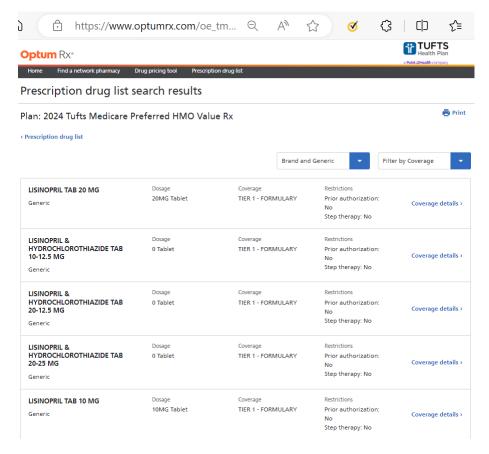
Formulary: Drug is covered with no Utilization Management requirements

Drug = Lisinopril

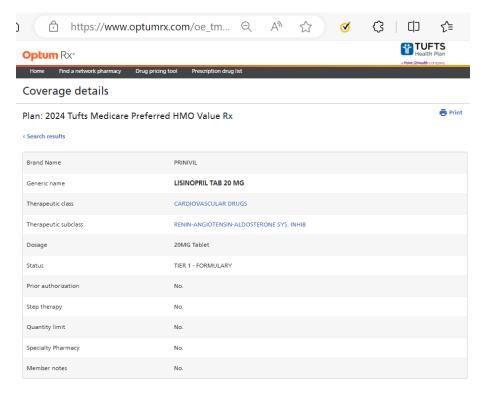
Validate coverage of the drug through the Prescription Drug List link



Results of Prescription Drug List search (sample – more results were found):

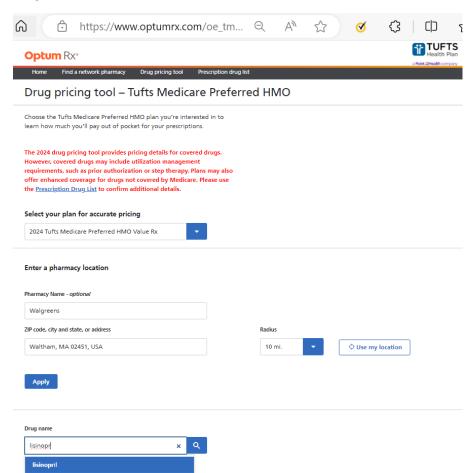


Select Coverage details to view all information on this drug

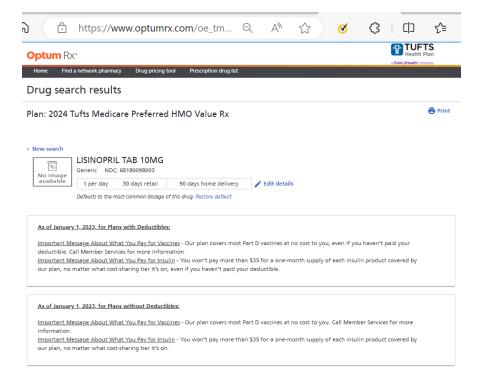


Since the drug is showing as covered with no Utilization Management requirement, go to the <u>Drug Pricing Tool</u> for the coverage/pricing

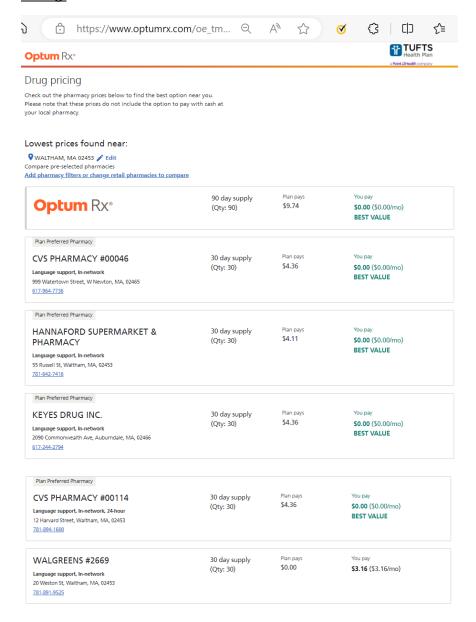
<u>Drug Pricing Tool</u> – select the plan, enter a specific pharmacy (optional) and the zip code. Hit Apply, then enter the drug name.



Results of Drug Pricing Tool search (sample - additional pharmacies were included in the results)



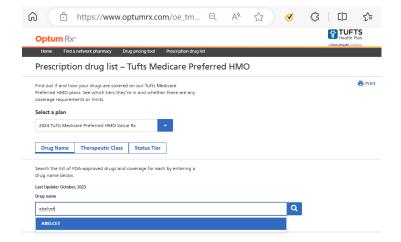
Pricing:



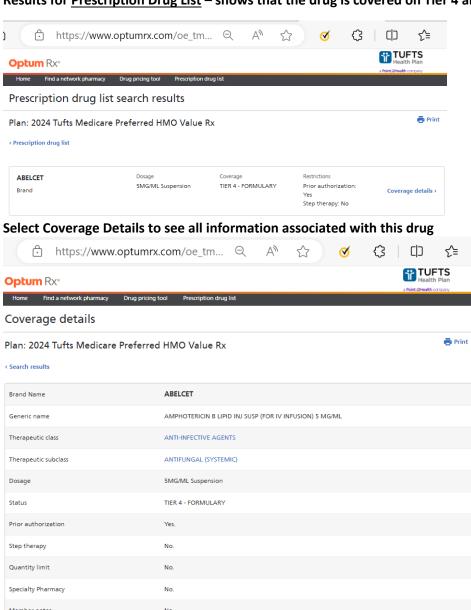
Formulary: Drug is covered with Utilization Management requirements

• Drug = Abelcet (requires Prior Authorization)

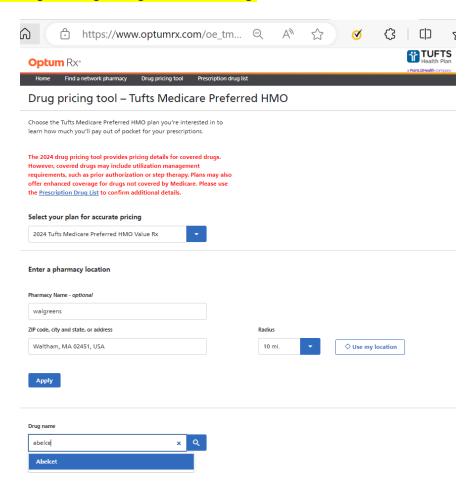
Validate coverage of the drug through the Prescription Drug List link



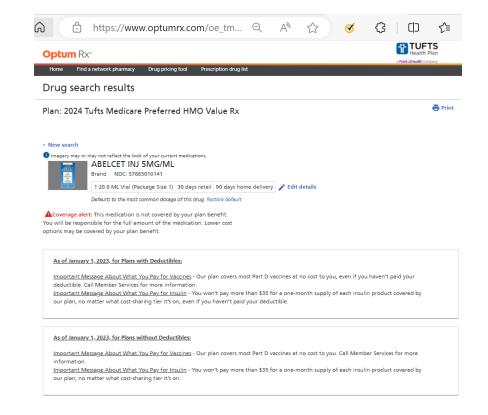
Results for <u>Prescription Drug List</u> – shows that the drug is covered on Tier 4 and requires Prior Authorization



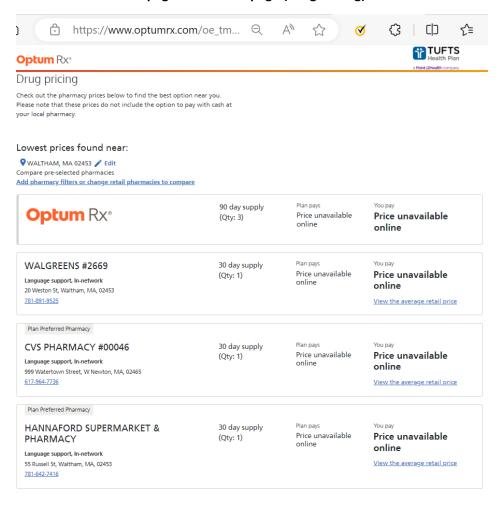
Since this drug is covered and has utilization management requirements, currently the Drug Pricing Tool will not provide accurate information for the coverage or price. Below are screenshots of what you would currently see if utilizing the Drug Pricing Tool for this drug.



• Screenshot of Results page: 1st half of page (Drug Coverage)



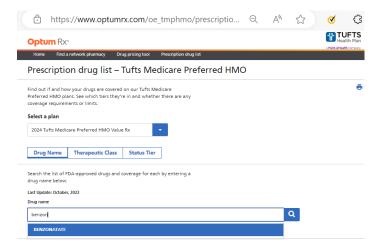
Screenshot of results page: 2nd half of page (Drug Pricing)



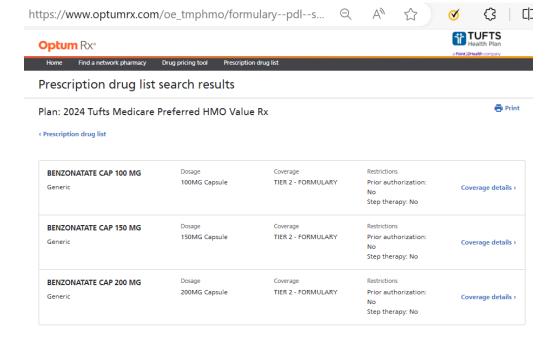


Enhanced covered drug: Drug is excluded by Medicare, but being covered by the Plan

Validate coverage of the drug through the Prescription Drug List link



Results for Prescription Drug List - the 3 results show the enhanced covered drugs on Tier 2



Since this an enhanced covered drug, currently the Drug Pricing Tool will not provide accurate information for the coverage or price.

As a reference, below is a list of the 2024 enhanced covered drugs. They can also be found in the 2024 Formulary

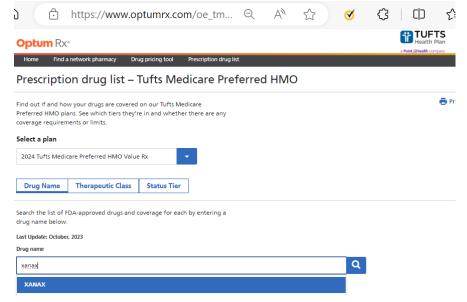
booklet (PDF) on the Home page.

| Trade Name | | Quantity Limits? |
|--------------------------|--|---------------------|
| SILDENAFIL TAB 25MG | SILDENAFIL CITRATE TAB 25 MG | MDD 4/30 |
| SILDENAFIL TAB 50MG | SILDENAFIL CITRATE TAB 50 MG | MDD 4/30 |
| SILDENAFIL TAB 100MG | SILDENAFIL CITRATE TAB 100 MG | MDD 4/30 |
| TADALAFIL TAB 10MG | TADALAFIL TAB 10 MG | MDD 4/30 |
| TADALAFIL TAB 20MG | TADALAFIL TAB 20 MG | MDD 4/30 |
| VARDENAFIL TAB 2.5MG | VARDENAFIL HCL TAB 2.5 MG | MDD 4/30 |
| VARDENAFIL TAB 5MG | VARDENAFIL HCL TAB 5 MG | MDD 4/30 |
| VARDENAFIL TAB 10MG | VARDENAFIL HCL TAB 10 MG | MDD 4/30 |
| VARDENAFIL TAB 20MG | VARDENAFIL HCL TAB 20 MG | MDD 4/30 |
| VARDENAFIL TAB 10MG ODT | VARDENAFIL HCL ORALLY DISINTEGRATING TAB 10 MG | MDD 4/30 |
| HYDROC/HOMAT TAB 5-1.5MG | HYDROCODONE WI HOMATROPINE TAB 5-1.5 MG | NIA |
| BENZONATATE CAP 100MG | BENZONATATE CAP 100 MG | NIA |
| BENZONATATE CAP 150MG | BENZONATATE CAP 150 MG | NIA |
| BENZONATATE CAP 200MG | BENZONATATE CAP 200 MG | NIA |
| PROMETHICOD SOL 6.25-10 | PROMETHAZINE WŁCODEINE SYRUP 6.25-10 MGŁ5ML | NIA |
| HYD POLICPM SUS 10-8/5ML | HYDROCOD POLST-CHLORPHEN POLST ER SUSP 10-8 MG/ | NIA |
| PROMETHIPE! SYP CODEINE | PROMETHAZINE-PHENYLEPHRINE-CODEINE SYRUP 6.25-5- | NIA |
| VITAMIND CAP 50000UNT | ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT) | MDD 4/28 |
| CYANOCOBALAM INJ 1000MCG | CYANOCOBALAMIN INJ 1000 MCG/ML | NIA |
| FOLIC ACID TAB 1MG | FOLIC ACID TAB 1MG | NIA |
| | MDD = Maximu | m Daily Dose |

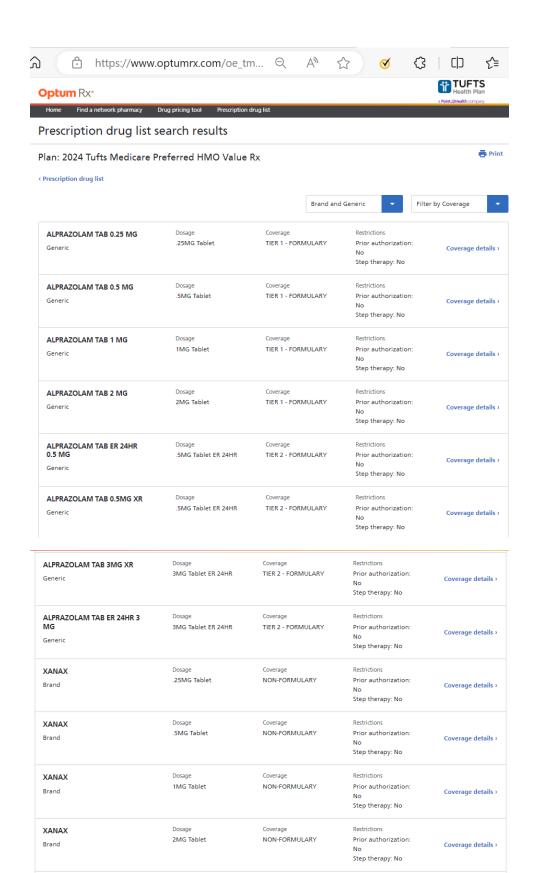
Non-Formulary: drug is not covered

Drug: Xanax

Validate coverage of the drug through the <u>Prescription Drug List link</u>



Results: The generic versions of Xanax are shown first, then the brand shows as Non-Formulary. No additional search using the Drug Pricing Tool is needed.



Coverage

Coverage

NON-FORMULARY

NON-FORMULARY

Restrictions

Restrictions

Prior authorization:

Step therapy: No

Prior authorization:

Step therapy: No

Coverage details >

Coverage details >

XANAX XR

XANAX XR

Brand

Dosage

Dosage

5MG Tablet FR 24HR

1MG Tablet ER 24HR