Understanding Your Formulary

Your Guide to Your Prescription Drug Plan's Costs, Coverage and Rules

A formulary is a document that contains information about the drugs covered by your MedMutual Advantage Part D prescription drug plan. Understanding how to read your formulary is the first step to making the most of your prescription drug benefits.

Getting Started

To access the current version of your formulary, visit MedMutual.com/Formulary. The Formulary is updated monthly.

Navigate the Formulary to Find Specific Medications

There are two ways to find a drug in the formulary:

1. Search by medical condition. For example, drugs used to treat high blood pressure are listed under the category, "Antihypertensive Therapy."
2. Search by name in the index. The alphabetical listing of all drugs included in the formulary can be found in the back of the formulary document.

Reading the Drug Tables

All of the drugs covered by your MedMutual Advantage plan are organized into tables. The table below is an example of what you will see in the formulary.

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
atorvastatin	1	MO; QL (30 per 30 days)
REPATHA	5	PA: MO; QL (3 per 28 days)

For example: *atorvastatin* is a generic, tier 1 drug with a quantity limit of 30 doses per 30 days. REPATHA is a brand-name, tier 5 drug. Before it's prescribed, you would need prior authorization from Medical Mutual to determine if it's covered. Both of the listed drugs are available for mail order (MO).

1. The first column of the chart lists the drug name. Brand name drugs are CAPITALIZED. Generic drugs are listed in *lowercase* italics.
2. The second column lists the drug tier. All covered drugs are classified into one of five tiers, which affects the cost. Reference the chart on the back for more information about drug tiers.
3. The third column lists any special requirements or limits associated with that drug. Reference the list of acronyms on the back.

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Understanding Drug Tiers

There are five drug tiers used to determine drug costs. The amount you pay will vary depending on if you are in the deductible, initial coverage, donut hole or catastrophic coverage stage of your Medicare Part D plan. The cost also depends on the tier the drug is in and your specific plan's prescription drug benefits.

Tier	Cost	Description
Tier 1 Preferred Generic	$	This tier includes the most commonly prescribed drugs at the lowest cost.
Tier 2 Generic	$$	This tier includes additional low-cost drugs.
Tier 3 Preferred Brand	$$$	This tier includes preferred, brand-name drugs.
Tier 4 Non-preferred Drug	$$$$	This tier includes non-preferred, brand-name and generic drugs. Many Tier 4 drugs have lower-cost alternatives in Tiers 1, 2 and 3.
Tier 5 Specialty	$$$$$	This tier includes very high-cost brand-name and generic drugs. Some plans may limit this tier to a 30-day supply.

Cost-saving Tip: Ask your doctor about the generic medications available to treat your condition. You can reference your formulary to see if those generics are covered and estimate costs based on the drug tier.

Special Requirements/Limits

Certain covered drugs may have additional requirements before they can be filled. The complete list of requirements is available in the formulary. These requirements are listed in the formulary with the following acronyms:

- **PA (Prior Authorization):** Your doctor needs to get approval from Medical Mutual before you can fill your prescriptions.
  - **B/D PA:** Your doctor needs to get approval from Medical Mutual before you receive this drug. Depending on its use, we need to determine if it will be covered under Medicare Part B (doctor and outpatient healthcare) or Part D (prescription drugs), which affects what you pay.
- **QL (Quantity Limit):** For certain drugs, there are limits on the amount we will cover. For example, if you are prescribed the drug *atorvastatin* for high cholesterol, you will only receive 30 doses per 30 days. Often, quantity limits are placed on drugs that are only approved for short-term use or drugs that are commonly billed wrong at the pharmacy.
- **ST (Step Therapy):** You will have to first try certain less-expensive, but clinically equivalent drugs before we approve filling the prescribed medication. This helps us keep your drug costs low while maintaining high-quality care.

Who can I call with questions?

For questions, including updated information about covered drugs, please contact Express Scripts Member Services at 1-844-404-7947 (TTY: 1-800-716-3231) 24 hours a day, seven days a week.

For questions about your benefits, call our Customer Care Center at 1-800-982-3117 (TTY 711 for hearing impaired) seven days a week, 8 a.m. to 8 p.m. from Oct. 1 through March 31 (except Thanksgiving and Christmas) and Monday through Friday, 8 a.m. to 8 p.m. and Saturday 9 a.m. to 1 p.m. from April 1 through Sept. 30 (except holidays).