

# 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.**

## Navigating the MedMutual Advantage Formulary

Step 1: Visit [MedMutual.com/Formulary](https://www.MedMutual.com/Formulary) and select your plan's formulary. The formulary is updated monthly.

Step 2: Find your drug by:

- Searching by name in the index at the end of the document.
- Searching by medical condition. For example, drugs used to treat diabetes are listed under the category, "Diabetes Therapy."

## 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.

- The first column lists the drug name. Brand name drugs are CAPITALIZED. Generic drugs are listed in *lowercase italics*.
- The second column lists the drug tier. All covered drugs are classified into tiers, which affects the cost. Find more information about drug tiers on the next page.
- The third column lists any special requirements or limits associated with that drug. Find a list of common abbreviations on the next page.

### Example for Medications Found Under the Cardiovascular Hypertension/Lipids Category

Drug Name	Drug Tier	Requirements/Limits
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
ELIQUIS	3	MO; QL (60 per 30 days)

**For example:** *atorvastatin* is a generic, tier 1 drug with a quantity limit (QL) of 30 doses per 30 days. ELIQUIS is a brand-name, tier 3 drug. This drug has a quantity limit (QL) of 60 per 30 days. Both of the listed drugs are available for mail order (MO).

## Understanding Drug Tiers

**Depending on the plan you are enrolled in, there are five or six drug tiers used to determine drug costs.** The amount you pay depends on your Medicare Part D coverage stage, the drug's tier and your plan's prescription drug benefits.

Tier	Cost	Description
<b>Tier 1: Preferred Generic</b>	\$	Commonly prescribed generic drugs with low copays.
<b>Tier 2: Generic</b>	\$\$	Additional low-cost generic drugs.
<b>Tier 3: Preferred Brand or Generic</b>	\$\$\$	Preferred brand-name and generic drugs generally have lower copayments than non-preferred drugs.
<b>Tier 4: Non-preferred Drug</b>	\$\$\$\$	Non-preferred brand-name and generic drugs. Many have lower-cost options in tiers 1, 2 and 3.
<b>Tier 5: Specialty</b>	\$\$\$\$\$	Very high-cost brand-name and generic drugs. Some drugs in this tier may be limited to a 30-day supply.
<b>Tier 6: Select Care**</b>	\$	Low-copay maintenance drugs commonly prescribed to treat cholesterol, diabetes and hypertension.

\*\*Tier 6 is only included for MedMutual Advantage Signature HMO-POS and Access PPO. For all other MedMutual Advantage members, these medications are included in tier 1.

## Special Requirements/Limits

Certain covered drugs may have additional requirements or limits and are identified with abbreviations in the formulary. You can find a complete list of abbreviations in your formulary. Common abbreviations include:

- **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 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.
- **ST (Step Therapy):** You may have to try a clinically-equivalent drug that is less expensive before Medical Mutual approves filling the prescription.
- **V:** We will cover this Part D vaccine at no cost to you.
- **\$35/Mth:** You won't pay more than \$35 for a one-month supply of each covered insulin product, no matter the tier.

If you have questions, please call the Customer Care number listed on your member ID card.