

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

- Search by name in the index. The alphabetical listing of all drugs included in the formulary can be found at the end of the document.
- Search 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.

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
REPATHA	3	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 3 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).

- The first column of the chart 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. Reference the chart on the back for more information about drug tiers.
- The third column lists any special requirements or limits associated with that drug. Reference the list of abbreviations on the back.

Understanding Drug Tiers

Depending on the 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
Tier 1 Preferred Generic	\$	Commonly prescribed generic drugs with low copays.
Tier 2 Generic	\$\$	Additional low-cost drugs.
Tier 3 Preferred Brand	\$\$\$	Preferred brand-name and generic drugs.
Tier 4 Non-preferred Drug	\$\$\$\$	Non-preferred brand-name and generic drugs. Many have lower-cost options in Tiers 1, 2 and 3.
Tier 5 Specialty	\$\$\$\$\$	Very high-cost brand-name and generic drugs. Some drugs in this tier may be limited to a 30-day supply.
Tier 6 Select Care**	\$	Drugs commonly prescribed to treat cholesterol, diabetes, and hypertension drugs with low copays.

**Tier 6 is only included for MedMutual Advantage Signature HMO plans. For all other MedMutual Advantage members, these medications are included in tier 1.

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 abbreviations:

- **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. 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. from April 1 through Sept. 30 (except holidays).