

Website Drug Search Tool Tips

Following are the steps to be followed for finding a drug covered under a plan in the website.

Step: 1

On the Home Page of the website, go to the tab – “Find a Covered Drug “and click.

The screenshot shows the Freedom Health website home page. At the top, there is a navigation bar with links for Home, About Us, Careers, and Contact. To the right of this bar are font controls: Font: + Increase - Decrease = Normal. Below the navigation bar is the Freedom Health logo on the left and a search bar with the text "Search here..." and a "Search" button on the right. A dark horizontal menu contains links for Medicare Plans, Medicaid, Members, Providers, Agents & Brokers, OTC, and Quick Links. On the left side, a vertical sidebar lists several options: Enrollment Center, Pharmacy & Part D, Find Provider and Pharmacy, Find a Covered Drug (which is highlighted with a red box), Member Portal, Star Rating, and Mail Order Pharmacy. The main content area features a large graphic for a Medicare STAR Score of 4, labeled "Overall Medicare STAR Score Above Average" and "Medicare Overall 4 Star Rating for Quality & Performance 4 out of 5 stars for 2018". To the right of this graphic are two dark buttons: "Talk to an Agent or Enroll Now" and "IMPORTANT NOTICE FOR HURRICANE IRMA & MARIA". Below the STAR score graphic, the text "Discover... the Freedom Advantage!" is displayed. Underneath this text is a form with the instruction "Enter your zip code below to compare plans and enroll online." and a "Get Started" button. Below the form is a link for "Current members click here for plan change." At the bottom of the main content area, there is a section titled "Have You Been Diagnosed With" and a photograph of a smiling man and woman.

Website Drug Search Tool Tips

Step: 2

On the resultant page, Select your county / plan in the drop down list in the search by county & plan option.

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FREEDOM
HEALTH

Drug Search Tips

Find a Covered Drug

Select your county and plan. Click "Start Search" and type in your drug name or drug category in the "Search" box. You can even download the Formulary in a PDF version by clicking on the "PDF Formulary" link at the top of the page.

Search by county and plan

County: Hillsborough

Plan: Freedom Medicare Plan Rx (HMO)

Start Search

Step: 3

On getting the county / plan combination, click "Start search".

Step: 4

The resultant page will show an option for downloading a PDF version. On clicking the tab you will be taken to the PDF page.

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FREEDOM HEALTH

Formulary Drug Search

Download PDF Version of the Formulary **English | Spanish**

Comprehensive formulary: A comprehensive formulary is the entire list of review or download.
The Formulary may change at anytime. You will receive notice when necessary.
Freedom Health covers both brand name drugs and generic drugs. Generic drug. Generic drugs usually cost less than brand name drugs and are rated effective as brand name drugs. View Availability Grid Below.

To see if your prescription is covered by our plan, please enter your Drug Name:

Drug Name:

Drug Name	Strength	Drug Tier	Generic or Brand

Step: 5

The page has a drug search option as well. Start typing your drug name and as you type the drug names will start showing up in the result section. The drug name, strength, drug tier, generic or brand, quantity / days, availability codes and category information are displayed as shown below.

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Freedom Health covers both brand name drugs and generic drugs. Generic drugs have the same active-ingredient formula as a brand name drug. Generic drugs usually cost less than brand name drugs and are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand name drugs. View Availability Grid Below.

To see if your prescription is covered by our plan, please type in the name of the drug below:

Drug Name

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Drug Name	Strength	Drug Tier	Generic or Brand	Quantity / Days	Availability	Category
LISINOPRIL TABS	40 MG	1	Gen	60/30	GC QL MO	Cardiovascular Agents
LISINOPRIL TABS	30 MG	1	Gen	60/30	GC QL MO	Cardiovascular Agents
LISINOPRIL TABS	2.5 MG	1	Gen	60/30	GC QL MO	Cardiovascular Agents
LISINOPRIL TABS	5 MG	1	Gen	60/30	GC QL MO	Cardiovascular Agents
LISINOPRIL TABS	10 MG	1	Gen	60/30	GC QL MO	Cardiovascular Agents
LISINOPRIL TABS	20 MG	1	Gen	60/30	GC QL MO	Cardiovascular Agents
LISINOPRIL/HYDROCHLOROTHIAZIDE TABS	12.5 MG,10 MG	1	Gen	/	GC MO	Cardiovascular Agents

In respect of PA & ST, you will find the availability codes hyperlinked in the “Availability” column. On clicking this hyper link, you will be taken to a page where you will find additional information related to PA & ST.

Website Drug Search Tool Tips

Drug Name	Strength	Tier	Brand	Days	Availability Codes	Category
ABACA VIR TABS	300 MG	3	Gen	/	MO	Antivirals
ABACA VIR / LAMIVUDINE / ZIDOVUDINE TABS	300/150/300	4	Gen	60/30	QL NEDS	Antivirals
ABELCET SUSP	5 MG/ML	4	Brand	/	B/D NEDS	Antifungals
ABILIFY SUSP	200 MG/ML	4	Brand	1/30	QL PA NEDS	Antipsychotics
ABILIFY SUSP	200 MG/ML	4	Brand	1/30	QL PA NEDS	Antipsychotics
ABILIFY SOLN	200 MG/ML	4	Brand	1/30	QL PA NEDS	Antipsychotics
		4	Brand	/	B/D NEDS	Antineoplastics

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Diagnosis of Schizophrenia and previous use of two of the following agents: clozapine, olanzapine, quetiapine, risperidone, OR Bipolar Disorder and previous trial of two of the following: lithium, valproate, risperidone, quetiapine, or ziprasidone OR Mian

Availability Codes:

Explanations to the availability codes such as ED , LA, B/D, GC, MO, QL, ST, PA & NEDS have been provided in the notes section below the result table.

If your drug is not found:

The information as to what should be done if your drug is not found in the search result is also provided in the disclaimer section.

Website Drug Search Tool Tips

LISINOPRIL TABS	5 MG	1	Gen	60/30	GC QL MO	Cardiovascular Agents
LISINOPRIL TABS	10 MG	1	Gen	60/30	GC QL MO	Cardiovascular Agents
LISINOPRIL TABS	20 MG	1	Gen	60/30	GC QL MO	Cardiovascular Agents
LISINOPRIL/HYDROCHLOROTHIAZIDE TABS	12.5 MG,10 MG	1	Gen	/	GC MO	Cardiovascular Agents
LISINOPRIL/HYDROCHLOROTHIAZIDE TABS	12.5 MG,20 MG	1	Gen	/	GC MO	Cardiovascular Agents
LISINOPRIL/HYDROCHLOROTHIAZIDE TABS	25 MG,20 MG	1	Gen	/	GC MO	Cardiovascular Agents

***Disclaimer:**

A formulary is a list of drugs covered by your plan to meet patient needs.

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that Freedom Health does not cover your drug, you have two options:

1. You can ask Member Services for a list of similar drugs that are covered by Freedom Health. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Freedom Health.
2. You can ask Freedom Health to make an exception and cover your drug. Click here to find out more about requesting a exception.

Availability

***ED = Part D Excluded Drug:** This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

***LA = Limited Access:** This prescription may be available only at certain pharmacies. For more information consult your

Drug Tier Numbers: Explanations to the drug tier numbers 1, 2, 3 & 4 are also shown at the bottom of the disclaimer section.

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circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

***GC = GAP Coverage:** We provide additional coverage of this prescription drug in the coverage gap. The plans that have additional coverage through the gap are: 59, 60, 70, 72, 77, 82, 83, 88, 89, 91, 92, 93, and 94. Please refer to our Evidence of Coverage for more information about this coverage.

***MO = Mail order:** These are drugs that can be obtained at extended days supply, up to a 90 day supply.

***QL = Quantity Limit:** For certain drugs, Freedom Health limits the amount of the drug that Freedom Health will cover. For example, Freedom Health provides 4 tablets per prescription for alendronate. This may be in addition to a standard one month or three month supply.

***ST = Step Therapy:** In some cases, Freedom Health requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Freedom Health may not cover drug B unless you try Drug A first. If Drug A does not work for you, Freedom Health will then cover Drug B. Click here for more info.

***PA = Prior Authorization:** Freedom Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Freedom Health before you fill your prescriptions. If you don't get approval, Freedom Health may not cover the drug. Click here for more info.

***Drug Tiers**

Tier 1: Generic and Brand Drugs

Tier 2: Non-Preferred Generics and Preferred Brand Drugs

Tier 3: Non-Preferred Generics and Non-Preferred Brand Drugs

Tier 4: Specialty Tier Drugs