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 – Medicare Plans and click to see the drop down items. Select from the Tools section the link titled “Find a drug “.
Step:2

On the resultant page, select the year and your county first.
The System will then show the plans available in the selected county.
Step: 3

On getting the year / 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.
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.

```
<table>
<thead>
<tr>
<th>DrugName</th>
<th>Strength</th>
<th>Drug Tier</th>
<th>Generic or Brand</th>
<th>Quantity / Days</th>
<th>Availability</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invokana 100 MG TAB TAB</td>
<td>100 MG</td>
<td>3</td>
<td>BRAND</td>
<td>90.00/30</td>
<td>PA QL MO</td>
<td>BLOOD GLUCOSE REGULATORS</td>
</tr>
<tr>
<td>Invokana 300 MG TAB TAB</td>
<td>300 MG</td>
<td>3</td>
<td>BRAND</td>
<td>30.00/30</td>
<td>PA QL MO</td>
<td>BLOOD GLUCOSE REGULATORS</td>
</tr>
</tbody>
</table>
```
In respect of PA & ST, you will find the availability codes hyperlinked in the “Availability “column. On clicking this hyperlink, you will be taken to a page where you will find additional information related to PA & ST.

PA Example:

![Drug Search Tool Tips](image-url)
**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.

### Table

<table>
<thead>
<tr>
<th>Medicine Plans</th>
<th>Members</th>
<th>Providers</th>
<th>Agents &amp; Brokers</th>
<th>OTC</th>
<th>Quick Links</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability Maintena Prefilled Syringe 300 MG Intramuscular Prefilled Syringe</td>
<td>360 MG</td>
<td>4</td>
<td>BRAND</td>
<td>1/00/28</td>
<td>QL, NEDS, Antidepressants</td>
</tr>
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<td>1/00/28</td>
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<tr>
<td>Ability Maintena Suspension Reconstituted 400 MG Intramuscular Suspension Reconstituted</td>
<td>400 MG</td>
<td>4</td>
<td>BRAND</td>
<td>1/00/28</td>
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**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 medication.

**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 Pharmacy Directory or contact Freedom Health's Member Services at 1-800-801-2140 or, for TTY/TDD users, 711. Our hours of operation are 8am to 8pm EST 7 days a week. Oct 1 to Mar 31, 8am to 8pm EST Mon. through Fri. from Apr. 1 to Sep. 30.

BD = Part B versus Part D: This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. For drugs with a Part B versus Part D administrative prior authorization requirement.
Drug Tier Numbers: Explanations to the drug tier numbers 1, 2, 3 & 4 are also shown at the bottom of the disclaimer section.