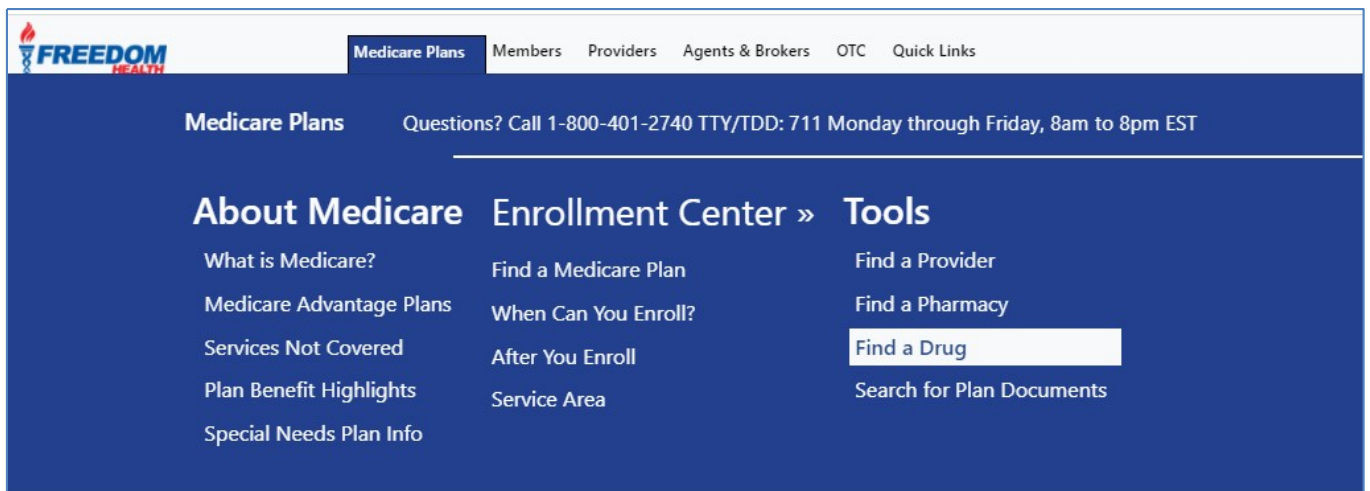


The below steps are to be followed for finding a drug covered under a plan on the website.

Step: 1

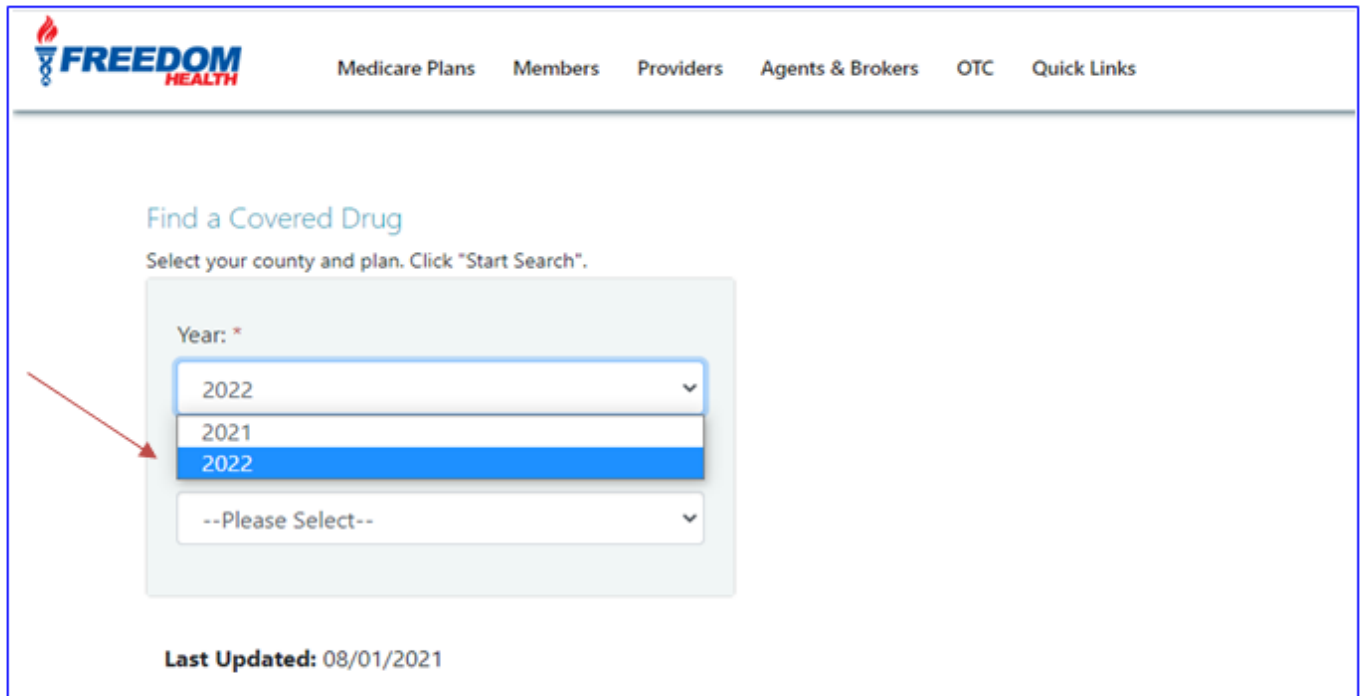
On the Home Page of the website, go to the tab – Medicare Plans and click to see the drop-down items. Select the link titled "Find a drug" from the Tools section.



## DRUG SEARCH TOOL TIPS

Step:2

On the resultant page, select the year and your county first.



**FREEDOM HEALTH** Medicare Plans Members Providers Agents & Brokers OTC Quick Links

### Find a Covered Drug

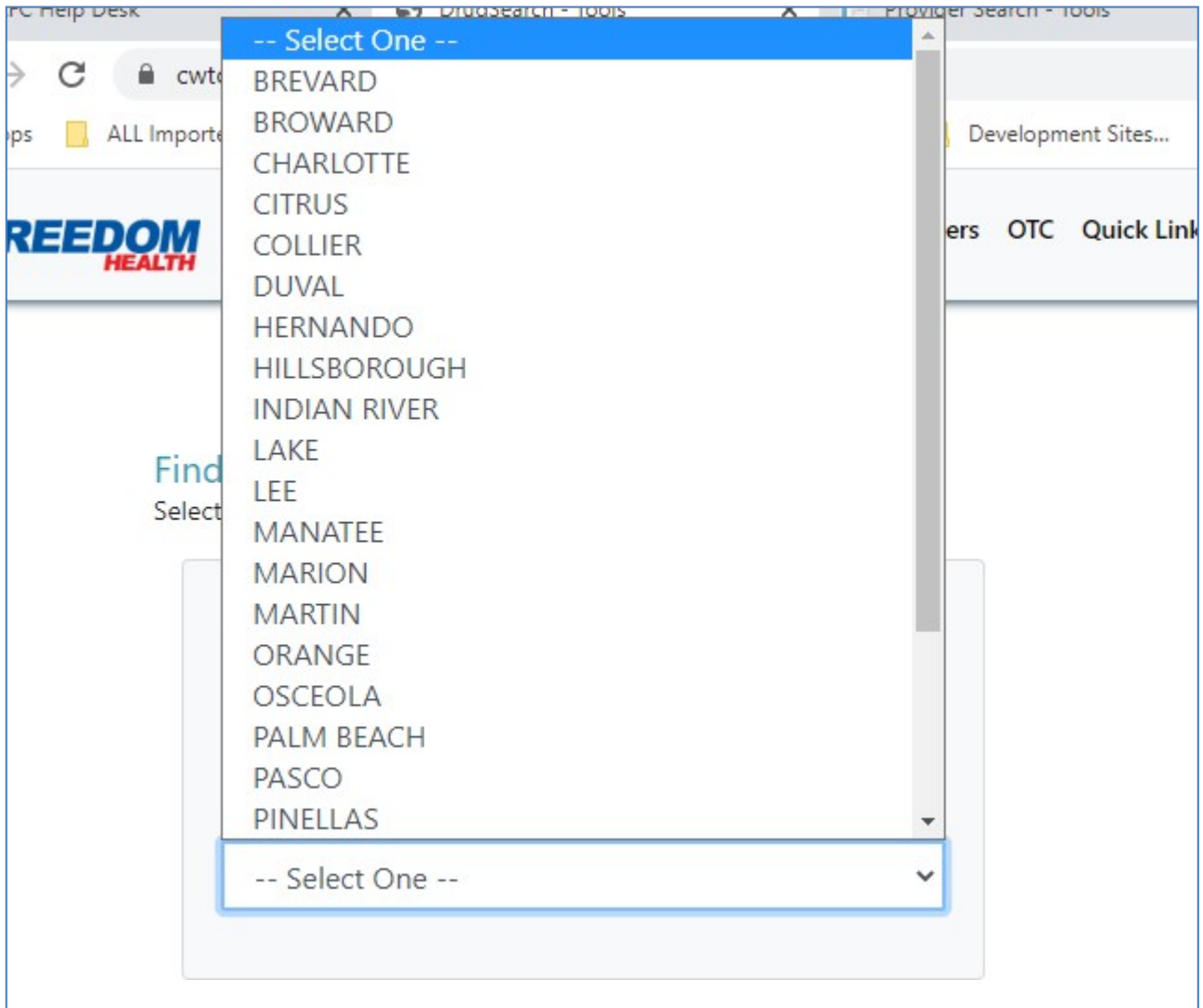
Select your county and plan. Click "Start Search".

Year: \*

- 2022
- 2021
- 2022
- Please Select--

**Last Updated:** 08/01/2021

DRUG SEARCH TOOL TIPS



## DRUG SEARCH TOOL TIPS

The System will then show the plans available in the selected county.



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### Find a Covered Drug

Select your county and plan. Click "Start Search".

Year: \*

2022

County: \*

MARTIN

Plan: \*

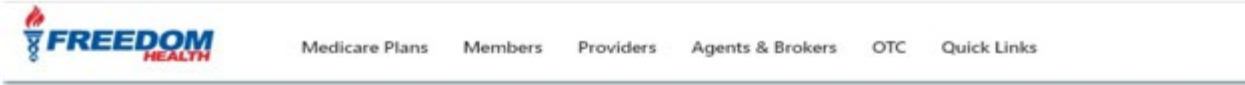
--Please Select--

--Please Select--

- (052) Freedom Savings Plan (HMO)
- (078) Freedom Medi-Medi Partial (HMO D-SNP)
- (082) Freedom VIP Savings (HMO C-SNP)
- (083) Freedom VIP Savings COPD (HMO C-SNP)
- (087) Freedom Medi-Medi Full (HMO D-SNP)
- (088) Freedom Platinum Plan Rx (HMO)
- (106) Freedom Platinum Rewards Plan Rx (HMO)
- (108) Freedom VIP Rewards (HMO C-SNP)

Step: 3

After entering the year/county/plan combination, click "Search".



Find a Covered Drug

Select your county and plan. Click "Start Search".

Year: \*

2022

County: \*

MARTIN

Plan: \*

(082) Freedom VIP Savings (HMO C-SNP)

→ Search

Last Updated: 08/01/2021

Step: 4

The resultant page will show an option for downloading a PDF version.

On clicking the link, you will be taken to the PDF page.



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[Member Login](#)

### Formulary Drug Search

Download PDF Version of the Formulary: [Click here](#)



**Last Updated:** 08/01/2021

**Comprehensive formulary:** A comprehensive formulary is the entire list of drugs covered by and is posted above for your review or download.

Please be advised that the Formulary may change throughout the year.

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.

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.



**Formulary Drug Search**

Download PDF Version of the Formulary: [Click here](#)

Last Updated: 08/01/2021

**Comprehensive formulary:** A comprehensive formulary is the entire list of drugs covered by and is posted above for your review or download.

Please be advised that the Formulary may change throughout the year.

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**

Drug Name	Strength	Drug Tier	Generic or Brand	Quantity / Days	Availability	Category
Prolia SOLN PRSYR	60 MG/ML	3	BRAND	1.00/180	PA QL NEDS	METABOLIC BONE DISEASE AGENTS

## DRUG SEARCH TOOL TIPS

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.

### PA Example:

**Formulary Drug Search** Last Updated: 08/01/2021

Download PDF Version of the Formulary: [Click here](#)

**Comprehensive formulary:** A comprehensive formulary is the entire list of drugs covered by and is posted above for your review or download. Please be advised that the Formulary may change throughout the year.

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**

prolia

Drug Name	Strength	Drug Tier	Generic or Brand	Quantity / Days	Availability	Category
Prolia SOLN PRSYR	60 MG/ML	3	BRAND	1.00/180	PA QL NEDS	METABOLIC BONE DISEASE AGENTS

**PA Group Name Criteria** ✕

Criteria	Criteria Details
COVERED USES	3
EXCLUSION CRITERIA	
REQUIRED MEDICAL INFORMATION	Osteoporosis is defined as a BMD T-Score in the spine, femoral neck, total hip or distal 1/3 of the radius of less than or equal to -2.5 as compared to a young-adult reference population OR a clinical diagnosis based on a history of a low trauma fracture (fragility fracture) at high risk for fracture. Glucocorticoid-induced osteoporosis defined as a T score in the spine, femoral neck, total hip or distal 1/3 of the radius of less than or equal to -2.5 as compared to a young-adult reference population OR a clinical diagnosis based on a history of a low trauma fracture (fragility fracture) at high risk for fracture and is initiating or continuing systemic glucocorticoids in a daily dosage equivalent to 7.5mg or greater of prednisone and expected or remain on glucocorticoids for a least 6 months.
AGE RESTRICTIONS	For Osteoporosis 18 years of age or older.
PRESCRIBER RESTRICTIONS	
COVERAGE DURATION	1 YEAR.
OTHER CRITERIA	For osteoporosis/ glucocorticoid-induced osteoporosis treatment, individual has had at least ONE osteoporotic (minimal trauma) fracture OR has two or more risk factors for osteoporotic fracture OR Individual has failed or is intolerant to or has a medical contraindication to other available osteoporosis therapies (such as, bisphosphonates). For male receiving androgen deprivation therapy for non- metastatic prostate cancer, individual has had at least ONE osteoporotic (minimal trauma) fracture OR has one or more risk factors for osteoporotic fracture. Individual is a postmenopausal (natural or induced) female receiving adjuvant aromatase inhibitor therapy for the treatment of breast cancer.

**Close**



Availability Codes:

Explanations to the availability codes such as ED, LA, B/D, GC, NM, 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.

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**Drug Name**

invokana

Drug Name	Strength	Drug Tier	Generic or Brand	Quantity / Days	Availability	Category
Invokana TAB	100 MG	3	BRAND	90.00/30	QL MO	BLOOD GLUCOSE REGULATORS
Invokana TAB	300 MG	3	BRAND	30.00/30	QL MO	BLOOD GLUCOSE REGULATORS

**\*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:

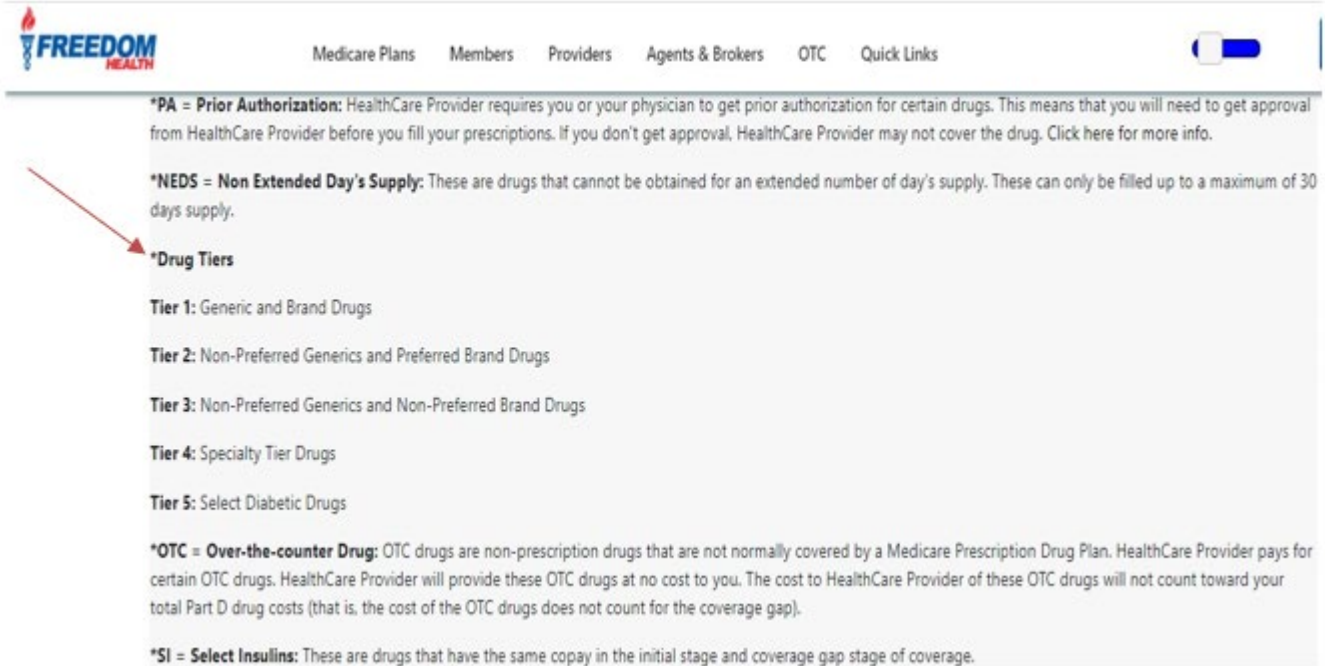
1. You can ask Member Services for a list of similar drugs that are covered by Freedom Health. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Freedom Health.
2. You can ask Freedom Health to make an exception and cover your drug. [Click here to find out more about requesting an 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 Pharmacy Directory or contact Freedom Health's Member Services at 1-800-401-2740 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.

Drug Tier Numbers: Explanations to the drug tier numbers 1, 2, 3, 4, & 5 are also shown at the bottom of the disclaimer section.



**FREEDOM HEALTH** Medicare Plans Members Providers Agents & Brokers OTC Quick Links

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

**\*NEDS = Non Extended Day's Supply:** These are drugs that cannot be obtained for an extended number of day's supply. These can only be filled up to a maximum of 30 days supply.

**\*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
- Tier 5:** Select Diabetic Drugs

**\*OTC = Over-the-counter Drug:** OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. HealthCare Provider pays for certain OTC drugs. HealthCare Provider will provide these OTC drugs at no cost to you. The cost to HealthCare Provider of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

**\*SI = Select Insulins:** These are drugs that have the same copay in the initial stage and coverage gap stage of coverage.