

Formulary Cost-Sharing

For tier 1, tier 2 and tier 3 drugs.*

30-Day Supply

Plan	Tier 1	Tier 2	Tier 3
Peoples Health Choices 65 (HMO)	\$0	\$10	\$45 Select insulin drugs: \$35 [¶]
Peoples Health Choices Value (HMO)			
Peoples Health Choices Gold (HMO)			
Peoples Health Choices (PPO)			
Peoples Health Secure Complete (HMO D-SNP)	\$0		
Peoples Health Secure Choice (HMO D-SNP)	Generic drugs: \$0, \$1.30, \$3.70 or 15% coinsurance [§] Brand drugs: \$0, \$4, \$9.20 or 15% coinsurance [§]		
Peoples Health Secure Health (HMO D-SNP)			
Peoples Health Group Medicare (HMO-POS)	\$3	\$10	\$25
Peoples Health Group Medicare (HMO-POS) Office of Group Benefits	\$0	\$0	\$20

90-Day Supply

Plan	Tier 1	Tier 2	Tier 3
Peoples Health Choices 65 (HMO)	\$0	\$0** or \$30	\$135 Select insulin drugs: \$105 [¶]
Peoples Health Choices Value (HMO)			
Peoples Health Choices Gold (HMO)			
Peoples Health Choices (PPO)			
Peoples Health Secure Complete (HMO D-SNP)	\$0 [‡]		
Peoples Health Secure Choice (HMO D-SNP)	Generic drugs: \$0, \$1.30, \$3.70 or 15% coinsurance ^{§§} Brand drugs: \$0, \$4, \$9.20 or 15% coinsurance ^{§§}		
Peoples Health Secure Health (HMO D-SNP)			
Peoples Health Group Medicare (HMO-POS)	\$0 [†] or \$9	\$0 [†] or \$30	\$50 [†] or \$75
Peoples Health Group Medicare (HMO-POS) Office of Group Benefits	\$0	\$0	\$40 [†] or \$60

*Most Peoples Health plans have a five-tier formulary; find plan cost-sharing at www.peopleshealth.com/formulary
**Copay at the preferred mail-order pharmacy
†Copay at a network preferred retail or preferred mail-order pharmacy
‡Some covered drugs limited to a 30-day supply
§Plan cost-sharing is based on drug type and not tier level; copays vary based on level of Extra Help from Medicare
¶Through the Part D Senior Savings Model, which offers lower insulin costs for members (the program does not apply to those receiving Extra Help)

For answers to pharmacy questions:
1-866-553-5705



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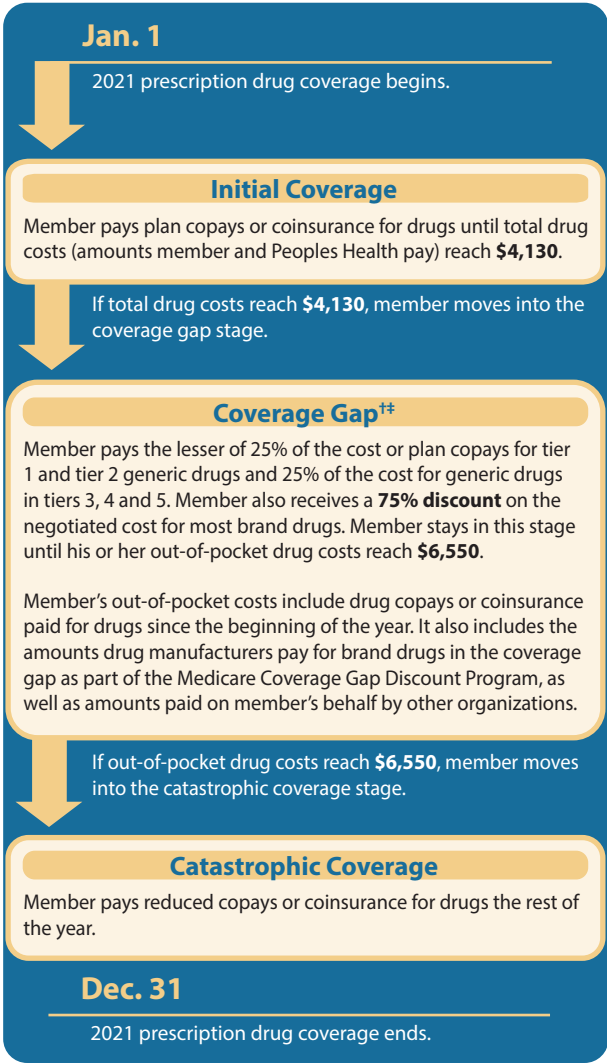
2021

Recommended Generic and Preferred Brand Drugs Quick Guide for Medicare Patients

This guide contains a partial list of covered drugs that is subject to change during the year. It only includes formulary drugs in tiers 1, 2 and 3 in the most commonly prescribed drug classifications. View our complete formulary at www.peopleshealth.com/formulary.

The Stages of Coverage

There are four stages of Medicare Part D prescription drug coverage, which starts Jan. 1 and ends Dec. 31 each year. In the first stage, the **deductible stage**, plan members pay the full cost of some or all drugs until they reach their plan's Part D deductible amount.* Most members begin in the **initial coverage stage**. Depending on their drug costs, they may advance to the **coverage gap stage** (or the “doughnut hole”) and then to the **catastrophic coverage stage**.



*Peoples Health Choices Value (HMO) and Peoples Health Choices (PPO) members have a Part D deductible, and Peoples Health Secure Health (HMO D-SNP) and Peoples Health Secure Choice (HMO D-SNP) members may have a deductible depending on their level of Extra Help from Medicare to pay for prescription drugs. | †Members in HMO D-SNP plans, as well as members in other plans who receive Extra Help, pay the same costs in the coverage gap stage as in the initial coverage stage. | ‡In the coverage gap stage, Peoples Health Group Medicare (HMO-POS) members continue to pay their share of the cost and the plan continues to pay its share.

Tier 1	Tier 2	Tier 3
Angiotensin Converting Enzyme (ACE) Inhibitors		
Benazepril* Captopril* Enalapril* Fosinopril* Lisinopril* Moexipril* Perindopril* Quinapril* Ramipril* Trandolapril*		
Angiotensin Receptor Blockers (ARBs)		
Candesartan* Irbesartan* Losartan* Olmesartan* Telmisartan* Valsartan*		
Anti-anxiety Agents		
Escitalopram tablet Sertraline tablet	Buspirone Duloxetine 20mg, 30mg and 60mg* Escitalopram solution Paroxetine immediate-release tablet Venlafaxine XR capsule	Venlafaxine IR tablet
Antidepressants		
Citalopram tablet Escitalopram tablet Sertraline tablet Trazodone tablet 50mg, 100mg and 150mg	Bupropion Bupropion SR Bupropion XL 150mg and 300mg Duloxetine 20mg, 30mg and 60mg* Escitalopram solution Fluoxetine immediate-release capsule Fluoxetine solution Mirtazapine Mirtazapine ODT Paroxetine immediate-release tablet Trazodone tablet 300mg Venlafaxine XR capsule	Citalopram solution Desvenlafaxine base equivalent* Fluvoxamine tablet Venlafaxine IR tablet
Anti-diabetics		
Acarbose* Glimepiride* Glipizide* Glipizide ER and XL* Glipizide-metformin* Metformin* Metformin ER 500mg and 750mg* Nateglinide* Pioglitazone* Pioglitazone-glimepiride* Pioglitazone-metformin* Repaglinide*		BYDUREON* FARXIGA* GLYXAMBI* JANUMET* JANUMET XR* JANUVIA* JARDIANCE* JENTADUETO* JENTADUETO XR* OZEMPIC* RYBELSUS* SYNJARDY* SYNJARDY XR* TRADJENTA* TRIJARDY XR* TRULICITY* VICTOZA* XIGDUO XR*

Tier 1	Tier 2	Tier 3
Anti-diabetics – Insulins		
		HUMALOG pen HUMALOG vial HUMALOG MIX pen HUMALOG MIX vial HUMULIN pen HUMULIN vial HUMULIN N pen HUMULIN N vial HUMULIN R pen HUMULIN R vial INSULIN LISPRO LANTUS pen LANTUS vial LEVEMIR pen LEVEMIR vial LYUMJEV SOLIQUA* TOUJEO TRESIBA
Antiemetics		
	Ondansetron tablet† Ondansetron ODT tablet†	
Antihistamines		
Levocetirizine tablet*	Cetirizine solution	
Anti-hyperlipidemics		
Atorvastatin* Fenofibrate (non-micronized formulations 54mg and 160mg) Lovastatin* Pravastatin* Rosuvastatin* Simvastatin*	Ezetimibe* Fenofibrate (micronized formulations 67mg, 134mg and 200mg) Fenofibrate (non-micronized formulations 48mg and 145mg) Fluvastatin* Gemfibrozil	Colesevelam Colestipol tablet Ezetimibe-simvastatin* Fenofibric acid capsule Fenofibric acid tablet LIVALO* Niacin ER tablet
Anti-migraine Agents		
	Sumatriptan tablet*	Ergotamine-caffeine Naratriptan* Rizatriptan* Rizatriptan ODT*
Antipsychotics		
	Fluphenazine tablet Haloperidol conc solution Haloperidol tablet Loxapine Olanzapine tablet* Quetiapine* Risperidone tablet	Aripiprazole tablet* Clozapine tablet Fluphenazine conc solution Quetiapine ER* Thioridazine Thiothixene Trifluoperazine Ziprasidone capsule*

Tier 1	Tier 2	Tier 3
Benign Prostatic Hypertrophy – Micturition Agents		
Finasteride Tamsulosin	Alfuzosin Doxazosin Prazosin Terazosin	Dutasteride* Silodosin*
Beta Blockers		
Carvedilol tablet Metoprolol succinate Metoprolol tartrate 25mg, 50mg and 100mg	Bisoprolol	
Bone Resorption Inhibitors		
Alendronate tablet*	Ibandronate tablet*	Calcitonin-salmon* Raloxifene* Risedronate tablet*
Calcium Channel Blockers		
Amlodipine	Cartia XT Diltiazem capsule Diltiazem tablet Diltiazem ER tablet Dilt-XR Felodipine Matzim LA Nifedipine ER tablet* Taztia XT Tiadylt Verapamil tablet Verapamil ER tablet	Verapamil capsule
Combination Anti-hypertensive Agents		
Amlodipine-benazepril* Benazepril-HCTZ* Candesartan-HCTZ* Captopril-HCTZ* Enalapril-HCTZ* Fosinopril-HCTZ* Irbesartan-HCTZ* Lisinopril-HCTZ* Losartan-HCTZ* Olmesartan-HCTZ* Quinapril-HCTZ* Telmisartan-amlodipine* Telmisartan-HCTZ* Valsartan-HCTZ*	Amlodipine-atorvastatin* Amlodipine-olmesartan* Amlodipine-olmesartan-HCTZ* Amlodipine-valsartan* Amlodipine-valsartan-HCTZ* Bisoprolol-HCTZ* Metoprolol-HCTZ	ENTRESTO*
Dementia Agents		
Donepezil tablet*	Donepezil ODT* Memantine tablet**	Memantine ER capsule** Rivastigmine capsule*
Disease-Modifying Anti-rheumatic Drugs (DMARDs)		
	Azathioprine tablet† Hydroxychloroquine* Leflunomide Methotrexate Minocycline capsule Sulfasalazine tablet Sulfazine	Cyclosporine† Cyclosporine modified† GENGRAF† Mycophenolate capsule† Mycophenolate tablet†

Tier 1	Tier 2	Tier 3
Incontinence Agents		
		MYRBETRIQ Solifenacin*
Insomnia Agents		
Trazodone 50mg, 100mg and 150mg	Trazodone 300mg	BELSOMRA*
Neuropathic Pain Agents		
	Duloxetine 20mg, 30mg and 60mg* Gabapentin capsule Gabapentin tablet	Pregabalin*
Nonsteroidal Anti-inflammatory Drugs		
Meloxicam	Diclofenac potassium tablet Diclofenac sodium tablet Flurbiprofen Ibuprofen Nabumetone Naproxen tablet Naproxen DR tablet Sulindac	Celecoxib* Diflunisal Etodolac immediate-release capsule Etodolac immediate-release tablet Ketoprofen immediate-release capsule Piroxicam
Platelet Aggregation Inhibitors		
	Cilostazol Clopidogrel tablet 75mg*	Anagrelide Aspirin-dipyridamole* BRILINTA* Prasugrel*
Proton Pump Inhibitors		
Pantoprazole*	Lansoprazole DR* Omeprazole 10mg* Omeprazole 20mg and 40mg	Esomeprazole DR* Rabeprazole
Respiratory Agents		
Flunisolide nasal spray Montelukast tablet 10mg*	Albuterol (ProAir generic) Albuterol (Proventil generic) Fluticasone nasal spray Ipratropium nasal spray Montelukast chewable tablet*	ADVAIR* ANORO ELLIPTA* ARNUITY ELLIPTA* BEVESPI AEROSPHERE* BREQ ELLIPTA* COMBIVENT* FLOVENT* Fluticasone-Salmeterol* INCRUSE ELLIPTA* PROAIR HFA PROAIR RESPICLICK SEREVENT* SPIRIVA* STIOLTO* SYMBICORT* TRELEGY ELLIPTA* WIXELA*
Skeletal Muscle Relaxants/Antispasmodics		
	Baclofen Tizanidine tablet	

*Quantity limit applies
†Prior authorization required to determine Part B vs. Part D coverage
**Prior authorization required