

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-POS)	\$0	\$10	\$45 Select insulin drugs: \$35 ⁵
Peoples Health Choices Gold (HMO-POS)			
Peoples Health Choices (PPO)			
Peoples Health Secure Complete (HMO-POS D-SNP)	\$0		
Peoples Health Secure Health (HMO-POS D-SNP)			
Peoples Health Group Medicare (HMO-POS)	\$3	\$10	\$25 ⁵
Peoples Health Group Medicare (HMO-POS) Office of Group Benefits	\$0	\$0	\$20 ⁵

Long-Term Supply

Plan	Tier 1	Tier 2	Tier 3
Peoples Health Choices 65 (HMO-POS)	\$0	\$0** or \$30	\$135 Select insulin drugs: \$105 ⁵
Peoples Health Choices Gold (HMO-POS)			
Peoples Health Choices (PPO)			
Peoples Health Secure Complete (HMO-POS D-SNP)	\$0 [†]		
Peoples Health Secure Health (HMO-POS D-SNP)			
Peoples Health Group Medicare (HMO-POS)	\$0 [†] or \$9	\$0 [†] or \$30	\$50 ¹⁵ or \$75 ⁵
Peoples Health Group Medicare (HMO-POS) Office of Group Benefits	\$0	\$0	\$40 ¹⁵ or \$60 ⁵

*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

[§]Through the Part D Senior Savings Model, which offers lower insulin costs, members pay a maximum of \$35 for each 1-month supply (and \$105 for each long-term supply) or plan cost-sharing if lower of select or covered Part D insulin

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

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PEOPLES HEALTH



2023

Recommended Generic and Preferred Brand Drugs Quick Guide for Medicare Patients

This guide is current as of 1/1/2023 and 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 start Jan. 1 and end Dec. 31 each year. The first stage, the **deductible stage**, does not apply to Peoples Health members because they do not have a Part D deductible for 2023. 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**.

Jan. 1

2023 prescription drug coverage begins.

Initial Coverage

Member pays plan copays or coinsurance for drugs until total drug costs (amounts member and Peoples Health pay) reach **\$4,660**.

If total drug costs reach **\$4,660**, member moves into the coverage gap stage.

Coverage Gap^{††}

Member pays the lesser of 25% of the cost or plan copays for tier 1 and tier 2 generic drugs and 25% of the cost for generic drugs in tiers 3, 4 and 5. Member also receives a **75% discount** on the negotiated cost for most brand drugs. Member stays in this stage until out-of-pocket drug costs reach **\$7,400**.

Member's out-of-pocket costs include drug copays or coinsurance paid for drugs since the beginning of the year. It also includes the amounts drug manufacturers pay for brand drugs in the coverage gap as part of the Medicare Coverage Gap Discount Program, as well as amounts paid on member's behalf by other organizations.

If out-of-pocket drug costs reach **\$7,400**, member moves into the catastrophic coverage stage.

Catastrophic Coverage

Member pays reduced copays or coinsurance for drugs the rest of the year.

Dec. 31

2023 prescription drug coverage ends.

[†]Members in HMO-POS D-SNPs, 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 IR tablet Venlafaxine XR capsule	Venlafaxine IR tablet
Antidepressants		
Citalopram tablet Escitalopram tablet Fluoxetine IR capsule Sertraline tablet Trazodone tablet 50mg, 100mg and 150mg	Bupropion Bupropion SR Bupropion XL 150mg and 300mg Duloxetine 20mg, 30mg and 60mg* Escitalopram solution Fluoxetine solution Mirtazapine Mirtazapine ODT Paroxetine IR 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 500mg, 850mg and 1,000mg* Metformin ER 500mg and 750mg* Nateglinide* Pioglitazone* Pioglitazone-glimepiride* Pioglitazone-metformin* Repaglinide*		BYDUREON* FARXIGA* GLYXAMBI* JANUMET* JANUMET XR* JANUVIA* JARDIANCE* JENTADUETO* JENTADUETO XR* MOUNJARO* 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	Desloratadine
Anti-hyperlipidemics		
Atorvastatin* Ezetimibe* Ezetimibe-simvastatin* Fenofibrate (non-micronized formulations 54mg and 160mg) Fluvastatin* Lovastatin* Pravastatin* Rosuvastatin* Simvastatin*	Fenofibrate (micronized formulations 43mg, 67mg, 134mg and 200mg) Fenofibrate (non-micronized formulations 48mg, 50mg and 145mg) Gemfibrozil	Colesevelam Colestipol tablet Fenofibric acid capsule 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		
Doxazosin Finasteride Tamsulosin Terazosin	Alfuzosin Dutasteride* Prazosin	Silodosin*
Beta Blockers		
Atenolol Carvedilol tablet Labetalol tablet Metoprolol succinate Metoprolol tartrate Propranolol tablet	Bisoprolol Propranolol ER capsule	
Bone Resorption Inhibitors		
Alendronate tablet*	Ibandronate tablet*	Calcitonin-salmon spray* Risedronate IR tablet*
Calcium Channel Blockers		
Amlodipine Nifedipine ER tablet* Verapamil IR tablet	Cartia XT Diltiazem ER capsule Diltiazem tablet Dilt-XR Felodipine Matzim LA Taztia XT Tiadyt Verapamil ER tablet	Verapamil ER capsule
Combination Anti-hypertensive Agents		
Amlodipine-atorvastatin* Amlodipine-benazepril* Amlodipine-olmesartan* Amlodipine-olmesartan-HCTZ* Amlodipine-valsartan* Amlodipine-valsartan-HCTZ* Benazepril-HCTZ* Candesartan-HCTZ* Enalapril-HCTZ* Fosinopril-HCTZ* Irbesartan-HCTZ* Lisinopril-HCTZ* Losartan-HCTZ* Olmesartan-HCTZ* Quinapril-HCTZ* Telmisartan-amlodipine* Telmisartan-HCTZ* Trandolapril-verapamil* Valsartan-HCTZ*	Bisoprolol-HCTZ* Metoprolol-HCTZ	ENTRESTO*
Dementia Agents		
Donepezil tablet*	Donepezil ODT* Memantine tablet**	Memantine ER capsule** Namzaric ** Rivastigmine capsule*
Disease-Modifying Anti-rheumatic Drugs (DMARDs)		
Methotrexate tablet	Azathioprine 50mg tablet [†] Hydroxychloroquine 200mg tablet* Leflunomide Minocycline capsule Sulfasalazine tablet Sulfasalazine DR tablet	Cyclosporine [†] Cyclosporine modified [†] GENGRAF [†] Mycophenolate 250mg capsule [†] Mycophenolate 500mg 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	Gabapentin oral solution Pregabalin capsule* Pregabalin oral solution*
Nonsteroidal Anti-inflammatory Drugs		
Meloxicam tablet	Celecoxib* Diclofenac potassium tablet Diclofenac sodium ER tablet Flurbiprofen Ibuprofen Indomethacin IR capsule Naproxen tablet Naproxen DR tablet Sulindac	Diclofenac sodium 1% topical gel Diflunisal Etodolac IR capsule Etodolac IR tablet Piroxicam
Platelet Aggregation Inhibitors		
Clopidogrel tablet 75mg*	Cilostazol	Anagrelide Aspirin-dipyridamole* BRILINTA* Prasugrel*
Proton Pump Inhibitors		
Pantoprazole*	Lansoprazole DR capsule* Omeprazole 10mg* Omeprazole 20mg and 40mg	Esomeprazole DR capsule* Esomeprazole DR granule packet Rabeprazole
Respiratory Agents		
Flunisolide nasal spray Montelukast tablet 10mg*	Albuterol inhaler (ProAir generic) Fluticasone nasal spray Ipratropium nasal spray Montelukast chewable tablet* Montelukast granule packet*	ADVAIR* ANORO ELLIPTA* ARNUITY ELLIPTA* BEVESPI AEROSPHERE* BREQ ELLIPTA* BREQ ELLIPTA* BREQ ELLIPTA* COMBIVENT* FLOVENT* Fluticasone-salmeterol* INCRUSE ELLIPTA* Levalbuterol inhaler PROAIR HFA PROAIR RESPICLICK SEREVENT* SPIRIVA* STIOLTO* SYMBICORT* TRELEGY ELLIPTA* WIXELA* Zafirlukast*
Skeletal Muscle Relaxants/Antispasmodics		
	Baclofen tablet Tizanidine tablet	

*Quantity limit applies

[†]Prior authorization required to determine Part B vs. Part D coverage

^{**}Prior authorization required