

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.

FREEDOM HEALTH

Search here... Search

Medicare Plans Medicaid Members Providers Agents & Brokers OTC Quick Links

Enrollment Center
Pharmacy & Part D 2018
Pharmacy & Part D 2019
Find Provider and Pharmacy
Find a Covered Drug
Member Portal
Star Rating
Mail Order Pharmacy
Important Documents

4 Overall Medicare STAR Score Above Average
Medicare Overall 4 Star Rating for Quality & Performance
4 out of 5 stars for 2018

Talk to an Agent or Enroll Now

Discover... the Freedom Advantage!

Click Here to Enroll
Enroll Now
Current members click here for plan changes

Have You Been Diagnosed With Diabetes, Cardiovascular Disease or COPD?
CLICK HERE to find out more

Website Drug Search Tool Tips

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.

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

Year: 2018
2018
2019

County:

Last Updated: 09/01/2018

© 2018 Freedom Health | Unable to view PDFs? [Click here](#)
H5427_Website

Website Drug Search Tool 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

Year: 2019

County: HILLSBOROUGH

Plan:

- Freedom Medi-Medi Full (HMO SNP)
- Freedom Medi-Medi Full (HMO SNP)
- Freedom Medi-Medi Partial (HMO SNP)
- Freedom Medicare Plan Rx (HMO)
- Freedom VIP Care (HMO SNP)
- Freedom VIP Savings (HMO SNP)
- Freedom VIP Savings COPD (HMO SNP)

Last Updated: 09/01/2018

© 2018 Freedom Health | Unable to view PDFs? [Click here](#)

H5427_Website

Website Drug Search Tool Tips

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.



The screenshot displays the Freedom Health website interface. At the top, there is a navigation bar with links for Home, About Us, Careers, Contact Us, and Print Page. A font size control is set to Normal. The main content area is titled "Formulary Drug Search" and includes a link to "Download PDF Version of the Formulary: English | Spanish". Below this, there is a "Comprehensive formulary" section with explanatory text. A search input field labeled "Drug Name" is present. A table with columns "Drug Name", "Strength", "Drug Tier", "Generic or Brand", and "Quantity / D" is partially visible. A "Disclaimer" section is at the bottom. An inset window titled "Drug Search Tips" is overlaid on the right, showing a browser window with a PDF document titled "2019 Formulary/Formu (List of Covered Drugs/Lista de Medicamentos)". The PDF content includes the Freedom Health logo and a table with columns "PBP" and "Plan Name/Nombre del F".

PBP	Plan Name/Nombre del F
078	Freedom Medi-Medi Partic
087	Freedom Medi-Medi Full (I
096	Freedom Platinum Rewar

Website Drug Search Tool Tips

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.

 Download PDF Version of the Formulary: English | Spanish  Last Updated: 09/01/2018

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

The Formulary may change at anytime. You will receive notice when necessary

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

simvas

Drug Name	Strength	Drug Tier	Generic or Brand	Quantity / Days	Availability	Category
SIMVASTATIN TABS	40 mg	1	Gen	30/30	QL MO	Cardiovascular Agents
SIMVASTATIN TABS	80 mg	1	Gen	30/30	QL MO	Cardiovascular Agents
SIMVASTATIN TABS	20 mg	1	Gen	30/30	QL MO	Cardiovascular Agents
SIMVASTATIN TABS	5 mg	1	Gen	30/30	QL MO	Cardiovascular Agents
SIMVASTATIN TABS	10 mg	1	Gen	30/30	QL 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.](#)

Website 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.

The screenshot shows a web browser window displaying a drug search results page. The main table lists various drugs with their strengths, tiers, brands, days, and availability codes. The 'ABILIFY SUSP 200 MG/ML' entry is highlighted with a black box, and its availability code 'QL PA NEDS' is also highlighted. An arrow points from this code to a detailed view of the PA criteria for 'ABILIFY SUSP, 200 MG/ML'.

	Strength	Tier	Brand	Days	Availability	Class
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 Mania

Website Drug Search Tool Tips

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.

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

Website Drug Search Tool Tips

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

Home About Us Careers Contact Us Print Page Font: + Increase - Decrease = Normal

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