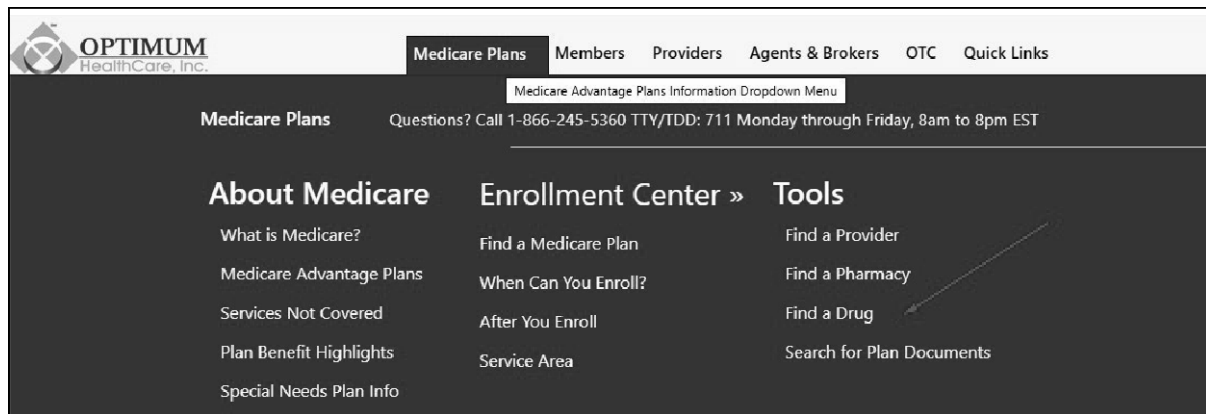


Website Drug Search Tool Tips

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.



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.



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[Drug Search Tips](#)

Find a Covered Drug

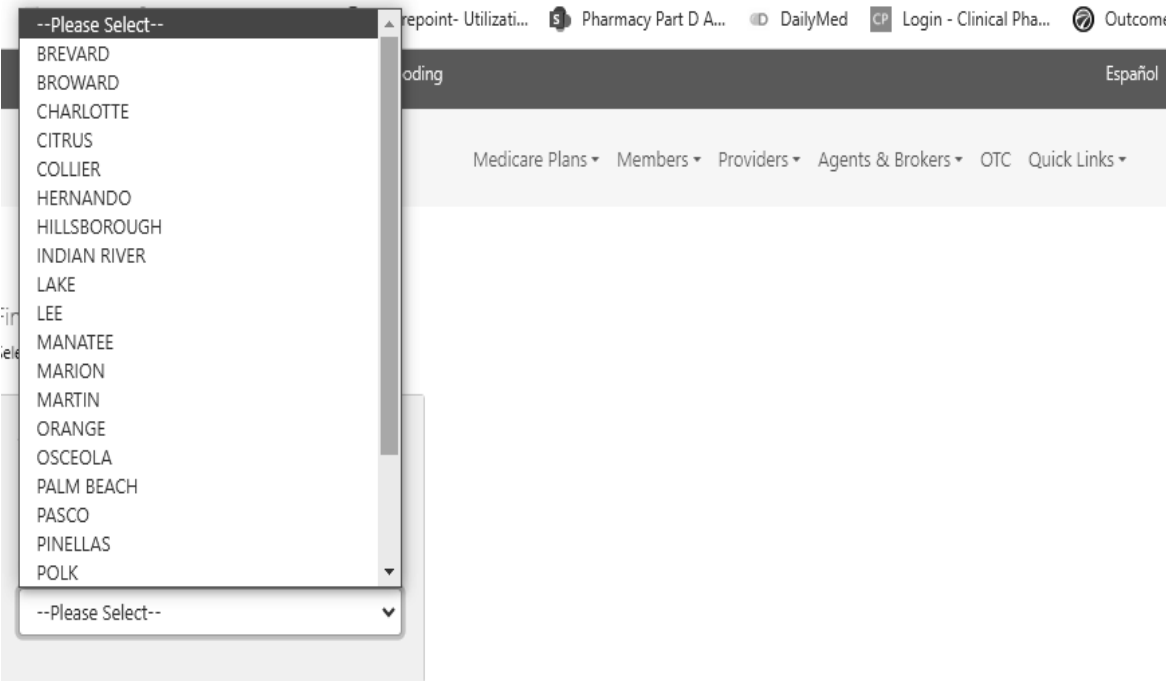
Select your county and plan. Click "Start Search".



Year:

2024	▾
2023	
2024	
--Please Select--	▾

Website Drug Search Tool Tips



Website Drug Search Tool Tips



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Find a Covered Drug

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

Year:

2024 ▾

County:

MANATEE ▾

Plan:

--Please Select-- ▾

--Please Select--
(016) Optimum Emerald Partial (HMO D-SNP)
(017) Optimum Emerald Full (HMO D-SNP)
(030) Optimum Diamond Savings (HMO C-SNP)

Website Drug Search Tool Tips

Step: 3

After selecting the year/county/plan combination, click “Search”.



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Find a Covered Drug

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

Year:

2024 ▾

County:

MANATEE ▾

Plan:

(016) Optimum Emerald Partial (HMO D-SNP) ▾

Search

←

Website Drug Search Tool Tips

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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2024

Formulary Drug Search

2024

 Download PDF Version of the [Formulary](#)

 **Last Updated:** 08/01/2023

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

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

Optimum Healthcare 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.

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.



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Formulary Drug Search

Download PDF Version of the [Formulary](#)

Last Updated: 08/01/2023

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Optimum Healthcare 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 Solution Prefilled Syringe MG/ML Subcutaneous	60	3	BRAND	1.00/180	PA GC QL	ENDOCRINE AND METABOLIC DISORDER AGENTS

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.

PA Example:

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Formulary Drug Search

 Download PDF Version of the [Formulary](#) Last Updated: 08/01/2023

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

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

Optimum Healthcare 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.

2024

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 Solution Prefilled Syringe MG/ML Subcutaneous	60	3	BRAND	1.00/180	PA GC QL	ENDOCRINE AND METABOLIC DISORDER 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.

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Website Drug Search Tool Tips

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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Formulary Drug Search

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Last Updated: 08/01/2023

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

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

Optimum Healthcare 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 Solution Prefilled Syringe MG/ML Subcutaneous	60	3	BRAND	1.00/180	PA GC QL	ENDOCRINE AND METABOLIC DISORDER 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 Optimum HealthCare 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 Optimum HealthCare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Optimum HealthCare.
2. You can ask Optimum HealthCare to cover a drug by [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). This plan covers these drugs during all coverage phases.

***LA = Limited Access:** This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or please contact Optimum HealthCare Member Services at 1-866-245-5360 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.

2024

Website Drug Search Tool Tips

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



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*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