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.

	Medica c.	are Plans Members Providers A	gents & Brokers OTC Quick Links						
n sectors à combine son diversion.	Medicare Plans Questions	Medicare Advantage Plans Information Dropdown Menu Call 1-866-245-5360 TTY/TDD: 711 Monday through Friday, 8am to 8pm EST							
	About Medicare	Enrollment Center »	Tools						
	What is Medicare? Medicare Advantage Plans Services Not Covered	Find a Medicare Plan When Can You Enroll? After You Enroll	Find a Provider Find a Pharmacy Find a Drug						
	Plan Benefit Highlights Special Needs Plan Info	Service Area	Search for Plan Documents						

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.

	OPTIMUM HealthCare, Inc.	Medicare Plans 🔻 N	Members Providers	Agents & Brokers 🔻	OTC Quick Links ▼	Member Login
						Last Updated: 08/01/2023
						Drug Search Tips
F	ind a Covered Drug					
Se	elect your county and plan. Click "Sta	art Search".				
	Year:					
	2024	~				
	2023					
	2024					
	Please Select	~				

Please Select	🔺 repoint- Utilizati 🚯 Pharmacy Part D A ඟ DailyMed 🖙 Login - Clinical Pha 🗑 Outcom
BREVARD	
BROWARD	oding Espanol
CHARLOTTE	
CITRUS	
COLLIER	Medicare Plans Members Providers Agents & Brokers OTC Quick Links
HERNANDO	
HILLSBOROUGH	
INDIAN RIVER	
LAKE	
LEE	
MANATEE	
MARION	
MARTIN	
ORANGE	
OSCEOLA	
PALM BEACH	
PASCO	
PINELLAS	
POLK	•
Please Select	✓
·	



Medicare Plans

Members

Providers

Agents & Brokers

OTC Quick Links



Last Updated: 08/01/2023

Drug Search Tips

Find a Covered Drug

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

/ear:	
2024	~
County	
MANAIEE	~
Plan:	
Please Select	~
Please Select	
(016) Optimum Emerald Partial (HMO D-SNP)	
(017) Optimum Emerald Full (HMO D-SNP)	
the second secon	

Step: 3

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



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	

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.



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.

	OPTIMUM HeclifiCare, Inc.	Medicare Plans •	Members Providers	 Agents & Broke 	rs ▼ OTC Qu	ick Links 🔻	Member Login
)24	Formulary Drug Search						
	Download PDF Version of the Formulary					🛗 Last Up	pdated: 08/01/2023
	Comprehensive formulary: A comprehensive	ormulary is the entire	e list of drugs covered k	y Optimum Healtho	are and is poste	ed above for your review or dow	vnload.
	Please be advised that the Formulary may chan	ge throughout the ye	ar.				
	Optimum Healthcare covers both brand name of less than brand name drugs and are rated by the drugs are dr	lrugs and generic dru e Food and Drug Adi e if your prescription	igs. Generic drugs have ministration (FDA) to be is covered by our plan	the same active-ing as safe and effectiv please type in the	redient formula e as brand nam name of the dru	as a brand name drug. Generic e drugs. View Availability Grid E g below:	c drugs usually cost 3elow.
						5	
	prolia		Drug Na	ame		- 	
	prolia Drug Name	Strength Ti	Drug Na rug Generic or er Brand	Quantity / Days	Availability	Category	

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:

PA

RE COVERAGE

1 YEAR.

	OPTIMUM HealthCare, Inc.		Medicare Plans	 Memb 	pers Providers	 Agents & Brokers 	· ▼ OTC Qu	uick Links 🔻	Member Login	
2024	Formulary Drug Download PDF Ver Comprehensive for Please be advised th Optimum Healthcare less than brand name	Search sion of the <u>Formulary</u> mulary: A comprehensive for at the Formulary may chang covers both brand name d e drugs and are rated by the	ormulary is the er ge throughout the rugs and generic e Food and Drug	ntire list c e year. drugs. G Administ	of drugs covered b eneric drugs have ration (FDA) to be	y Optimum Healthcar the same active-ingre as safe and effective	re and is post edient formula as brand narr	E Last ed above for your review or o a as a brand name drug. Gen e drugs. View Availability Gri	Updated: 08/01/2023 Iownload. eric drugs usually cost d Below.	2024
		To see	e if your prescript	tion is co	vered by our plan, Drug Na	please type in the na	me of the dru	g below:		
		prolia								
	Drug Name		Strength	Drug Tier	Generic or Brand	Quantity / Days	Availability	Category		
	Prolia Solution Prefi Subcutaneous	led Syringe MG/ML	60	3	BRAND	1.00/180	PA GC QL	ENDOCRINE AND METABOI AGENTS	IC DISORDER	
PA Group Name	e Criteria									
Criteria	Criteria Details									
COVERED USES	3									
EXCLUSION CRITERIA										
REQUIRED MEDICAL INFORMATION	Osteoporosis is o compared to a yi at high risk for fr the radius of less a low trauma frac equivalent to 7.5	defined as a BMD T oung-adult referen acture. Glucocortic than or equal to - cture (fragility fract mg or greater of p	-Score in the ce population oid-induced 2.5 as comp ture) at high rednisone a	ne spin on OR d osteo ared t risk fo nd exp	e, femoral n a clinical dia oporosis defi o a young-a or fracture ar pected or rer	eck, total hip o agnosis based ined as a T sco dult reference nd is initiating main on glucoo	or distal 1, on a histo re in the s populatio or contine corticoids	/3 of the radius of le bry of a low trauma spine, femoral neck, on OR a clinical diag uing systemic gluco for a least 6 month	ess than or equal t fracture (fragility t total hip or distal nosis based on a corticoids in a dai s.	to -2.5 as fracture) l 1/3 of history o ily dosage
AGE RESTRICTIONS	For Osteoporosis	18 years of age or	r older.							
PRESCRIBER										

DURATION 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 OTHER CRITERIA 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.

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.

	OPTIMUM HealthCare, Inc.	Medicare Plan	ns 🔻	Memb	ers • Providers	 Agents & Brok 	ers ▼ OTC Qu	uick Links 🝷 Member Log	in				
	Formulary Drug Search												
	Download PDF Version of the Formu	Download PDF Version of the <u>Formulary</u>											
	Comprehensive formulary: A compre	hensive formulary is the	e ent	tire list o	f drugs covered b	y Optimum Health	care and is post	ed above for your review or download.					
	Please be advised that the Formulary n	nay change throughout	the y	year.									
	Optimum Healthcare covers both bran less than brand name drugs and are ra	d name drugs and gene ted by the Food and Dr To see if your presc	eric d rug A riptic	drugs. Ge administi on is cov	eneric drugs have ration (FDA) to be vered by our plan,	the same active-in as safe and effecti please type in the	gredient formula ve as brand nam name of the dru	a as a brand name drug. Generic drugs usually cost ne drugs. View Availability Grid Below. ng below:					
		Drug Name											
	prolia												
	Drug Name	Streng	gth .	Drug Tier	Generic or Brand	Quantity / Days	Availability	Category					
	Prolia Solution Prefilled Syringe MG/N	1L 60		3	BRAND	1.00/180	PA GC OI	ENDOCRINE AND METABOLIC DISORDER					

*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.

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

OPTIMUM HealthCare, Inc.	Medicare Plans 🔻 1	Members 🔻 Pr	roviders 🔻	Agents & Brokers ▼	OTC	Quick Links 🔻	Member Login
*Drug Tiers							
Tier 1: Generic and Brand Drugs							
Tier 2: Non-Preferred Generics and Preferred Brand D)rugs						
Tier 3: Non-Preferred Generics and Non-Preferred Br	and Drugs						
Tier 4: Specialty Tier Drugs							
Tier 5: Select Diabetic Drugs							