

Our plan usually covers the drugs listed on our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed.

This is not a complete list of drugs covered by our plan. For a complete listing, please call 1-888-211-9817 (TTY: 711) or visit <https://shop.anthem.com/medicare>.

Generally, if you are taking a drug on our formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

Generic drugs contain the same active ingredient as brand-name drugs. Generic alternative drugs have the same effect as brand-name drugs, but they do not use the same active ingredient.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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Core Select Care Drugs Tier

Our Medicare Advantage Prescription Drug plans can help manage health conditions – without hurting your wallet!

Tier 6: Select Care Drugs includes medications for diabetes, high blood pressure, high cholesterol and osteoporosis at a **\$0 copay** with a **\$0 deductible** on all plans. Most of our plans also offer a \$0 copay during the coverage gap stage.



Covered Drug ¹	\$0 Copay	\$0 Deductible	Includes Enhanced Gap Coverage	Medical Conditions
Glimepiride	All plans	All plans	Most plans	Diabetes
Glipizide, Glipizide ER	All plans	All plans	Most plans	Diabetes
Glipizide-Metformin	All plans	All plans	Most plans	Diabetes
Metformin HCL	All plans	All plans	Most plans	Diabetes
Metformin HCL ER ²	All plans	All plans	Most plans	Diabetes
Benazepril HCL, Benazepril HCL-HCTZ	All plans	All plans	Most plans	High Blood Pressure
Enalapril Maleate, Enalapril-HCTZ	All plans	All plans	Most plans	High Blood Pressure
Fosinopril Sodium	All plans	All plans	Most plans	High Blood Pressure
Irbesartan	All plans	All plans	Most plans	High Blood Pressure
Lisinopril, Lisinopril-HCTZ	All plans	All plans	Most plans	High Blood Pressure
Losartan Potassium, Losartan-HCTZ	All plans	All plans	Most plans	High Blood Pressure
Quinapril HCL	All plans	All plans	Most plans	High Blood Pressure
Ramipril	All plans	All plans	Most plans	High Blood Pressure
Trandolapril	All plans	All plans	Most plans	High Blood Pressure
Valsartan-HCTZ	All plans	All plans	Most plans	High Blood Pressure
Atorvastatin Calcium	All plans	All plans	Most plans	High Cholesterol
Lovastatin	All plans	All plans	Most plans	High Cholesterol
Pravastatin Sodium	All plans	All plans	Most plans	High Cholesterol
Simvastatin	All plans	All plans	Most plans	High Cholesterol
Alendronate Sodium Tablets	All plans	All plans	Most plans	Osteoporosis

¹Alendronate Oral Solution is excluded.

²Some strengths of Metformin HCL ER are not covered on Tier 6.