

Formulary information

TexanPlus® HMO, TexanPlus® HMO-POS, TexanPlus® HMO-SNP, Today's Options® PFFS, Today's Options® PPO, and Today's Options® HMO (hereinafter, the Plan) selects a list of covered drugs in consultation with a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. This list is called a comprehensive formulary.

The Plan will generally cover the drugs listed in the formulary as long as the drug is medically necessary, the prescription is filled at a network pharmacy, and other plan rules are followed. Members can contact the Plan for the most recent list of drugs at the number located on the back of your member card. You may also locate the most recent list of drugs on our website.

Generally, if you are taking a drug on our current formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the remainder of 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. The formulary may change during the year. Changes to our formulary are updated via a monthly supplemental addendum.

Upcoming formulary changes

If we make formulary changes such as:

- Removing drugs from the formulary,
- adding a prior authorization for a drug,
- adding quantity limits and/or step therapy restrictions on a drug,
- and/or moving a drug to a higher cost-sharing tier (does not apply to HMO-SNP plan).

We will notify you of the Formulary Change at least 60 days before the date that the change becomes effective. However, if the Food and Drug Administration deems a drug on our formulary to be unsafe, or if the drug's manufacturer removes the drug from the market, we will immediately remove the drug from the formulary and provide notice to members who take the drug.

Restrictions to the Formulary

The Plan has additional requirements or coverage limits for certain prescription drugs. A team of doctors and pharmacists developed these requirements and limits for the Plan, in order to help us to provide quality care to our members.

- **Prior Authorization:** The Plan requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, the Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, the Plan limits the amount of the drug that the Plan will cover. For example the plan provides 30 tablets per prescription for Simvastatin per 30 days. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, the Plan 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, the Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.

You can find out if your drug is subject to these additional restrictions or limits by searching our online formulary. You can also access prior authorization forms, exceptions forms and criteria on the plan website. If your drug has these additional restrictions or limits, you can ask the Plan to make an exception to our coverage rules. See the plan Evidence of Coverage for more details.

Formulary Tiers for TexanPlus HMO, TexanPlus HMO-POS, Today's Options PFFS, Today's Options PPO plans and Today's Options HMO

Tier 1: (Preferred Generic Drugs)

Tier 1 is your lowest-cost Generic tier and includes preferred generic drugs. Generic drugs contain the same active ingredients as brand drugs and are equally safe and effective.

Tier 2: (Generic Drugs)

This is your higher-cost Generic tier and includes preferred generic drugs. Some Tier 2 drugs have lower-cost Tier 1 alternatives. Ask your doctor if you could use a Tier 1 drug to lower your out-of-pocket expenses.

Tier 3: (Preferred Brand Drugs)

This is your middle-cost tier, and includes preferred brand drugs and some non-preferred generic drugs. Some Tier 3 drugs have lower-cost Tier 1 or 2 alternatives. Ask your doctor if you could use a Tier 1 or Tier 2 drug to lower your out-of-pocket expenses.

Tier 4: (Non-Preferred Drugs)

This is your higher-cost tier and includes non-preferred brand drugs and some non-preferred generic drugs. Some Tier 4 drugs have lower-cost Tier 1, 2, or 3 alternatives. Ask your doctor if you could use a Tier 1, Tier 2, or Tier 3 drug to lower your out-of-pocket expenses.

Tier 5: (Specialty Tier Drugs)

The Specialty tier is your highest-cost tier. A Specialty tier drug is a very high cost or unique prescription drug which may require special handling and/or close monitoring. Specialty drugs may be brand or generic.

TexanPlus® HMO, TexanPlus® HMO-POS, Today's Options® PPO, Today's Options® PFFS, and Today's Options® HMO are Medicare Advantage plans with a Medicare contract. Enrollment in these plans depends on contract renewal. A Private Fee-for-Service plan is not Medicare supplement insurance. Providers who do not contract with our plan are not required to see you except in an emergency. TexanPlus® HMO-SNP is a Medicare Advantage plan with a Medicare contract and a contract with the State Medicaid Program. Enrollment in TexanPlus® HMO-SNP depends on contract renewal. This plan is available to anyone who has both Medical Assistance from the State and Medicare.