



Plan Year 2024 Formulary

Prescription Drug Plan

Liberty Medicare Advantage C-SNP Plan (H6351-004)

Formulary

(List of Covered Drugs)

Please Read: This Document Contains Important Information About the Drugs We Cover in This Plan

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact Liberty Medicare Advantage with any questions at 1-844-854-6884 or for TTY users, 711, five days a week April 1 – September 30 or seven days a week October 1 – March 31 from 8 a.m. - 8 p.m. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week, by visiting [Liberty Medicare Advantage](#)

Formulary ID: 00024384 Version: 8

NOTE TO EXISTING MEMBERS:

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This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list refers to “we,” “us”, or “our,” it means Liberty Medicare Advantage Health Plan. When it refers to “plans” or “our plans,” it means the Liberty Medicare Advantage

This document includes a list of the drugs (Formulary) for our plan which is current as of 12/01/2023. For an updated Formulary, please contact us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages. For an updated Formulary, please contact us.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, Formulary, pharmacy network, and/or co-payments/co-insurance may change on January 1, 2025 or from time to time during the year.

What is the Liberty Medicare Advantage Health Plan Medicare Part D Formulary?

A Formulary is a list of covered drugs selected by Liberty Medicare Advantage Health Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Liberty Medicare Advantage Health Plan will generally cover the drugs listed in our Formulary as long as the drug is medically necessary, the prescription is filled at a Liberty Medicare Advantage Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by Liberty Medicare Advantage, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Liberty Medicare Advantage Health Plan may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year

In the following cases, you will be affected by coverage changes during the year. Liberty Medicare Advantage Health Plan Medicare Advantage Part D Formulary

New generic drugs - We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell

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you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

*If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the how to request an exception, and you can also find information in the section entitled “How do I request an exception to the Liberty Medicare Advantage Health Plan Medicare Part D Formulary?”

Drugs removed from the market - If the Food and Drug Administration deems a drug on our Formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our Formulary and provide notice to members who take the drug.

Other changes - We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the Formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines.

If we remove drugs from our Formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days **before the change becomes effective**, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug (up to 30 days).

*If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled, “How Do I Request an Exception to the Liberty Medicare Advantage Health Plan Medicare Part D Formulary?”

Changes that will not affect you if you are currently taking the drug

Generally, if you are taking a drug on our 2024 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

How do I use the Formulary?

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There are two ways to find your drug within the Formulary:

Grouped by Medical Condition

The drugs in this Formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular". If you know what your drug is used for, look for the category name in the.

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the Alphabetical Listing of Drugs. This index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed.

1. Look in the Index and find your drug.
2. Next to your drug, you will see the page number where you can find coverage information.
3. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

Prior authorization

Liberty Medicare Advantage Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Liberty Medicare Advantage Health Plan before you fill your prescriptions. If you don't get approval, Liberty Medicare Advantage Health Plan may not cover the drug.

Quantity limits

For certain drugs, Liberty Medicare Advantage Health Plan limits the amount of the drug that Liberty Medicare Health Plan will cover.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions

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applied to specific covered drugs by visiting our website. We have posted online documents that explain prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Liberty Medicare Advantage to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Liberty Medicare Advantage’s formulary?” on page v for information about how to request an exception.

Step therapy

In some cases, Liberty Medicare Advantage Health 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, Liberty Medicare Advantage Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Liberty Medicare Advantage Health Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the Formulary. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization restrictions and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

You can ask Liberty Medicare Advantage Health Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Liberty Medicare Advantage Health Plan Medicare Part D Formulary?” What if my drug is not on the Formulary? on the next page

If your drug is not included in this Formulary (list of covered drugs), you should first contact the Liberty Medicare Advantage Health Plan Customer Service and ask if your drug is covered.

If you learn that Liberty Medicare Advantage Health Plan does not cover your drug, you have two options:

1. You can ask the Liberty Medicare Advantage Health Plan Customer Service for a list of similar drugs that are covered by Liberty Medicare Advantage Health Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Liberty Medicare Advantage Health Plan.
2. You can ask Liberty Medicare Advantage Health Plan to make an exception and cover your drug. See next section for information about how to request an exception.

How do I request an exception to the Liberty Medicare Advantage Health Plan Medicare Part D Formulary?

You can ask Liberty Medicare Advantage Health Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make:

- You can ask us to cover a drug even if it is not on our Formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier.

Note: You may not ask us to cover a Tier 5 (Specialty Tier) Formulary drug at a lower cost-sharing level.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Liberty Medicare Advantage Health Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Liberty Medicare Advantage Health Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a Formulary, tiering, or utilization restriction exception.

When you request a Formulary, tiering, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary, but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take.

While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover up to a cumulative 31-day supply of that drug while you pursue a formulary exception.

In addition, if you experience a change in your treatment setting due to the level of care you require, we will allow an emergency transition or level of care fill. Such transitions include:

- If you are discharged from a hospital or skilled nursing facility to a home setting
- If you are admitted to a hospital or skilled nursing facility from a home setting
- If you transfer from one skilled nursing facility to another and that new facility is serviced by a different pharmacy
- If you end your skilled nursing facility Medicare Part A stay – where payments include all pharmacy charges – and now you need to use your Part D plan benefit
- If you give up Hospice status and revert back to standard Medicare Part A and B coverage

For more information

For more detailed information about your Liberty Medicare Advantage Health Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Liberty Medicare Advantage Health Plan, please contact us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at

1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or visit [medicare.gov](https://www.medicare.gov).

Abbreviations and definitions of Formulary terms

You may find one or more of the following abbreviations in the Formulary under the Requirements/Limits column next to a drug name.

Prior Authorization (PA) For safety reasons and/or cost savings, Liberty Medicare Advantage Health Plan requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Liberty Medicare Health Plan before you fill your prescriptions.

If you don't get approval first, Liberty Medicare Advantage Health Plan may not cover the drug.

Quantity Limits (QL) For safety reasons and/or cost savings, for certain drugs Liberty Medicare Advantage Health Plan limits the amount of the drug that we will cover.

Step Therapy (ST) For safety reasons and/or cost savings, in some cases Liberty Medicare Advantage Health 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, Liberty Medicare Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Liberty Medicare Advantage Health Plan will then cover Drug B.

Limited Access (LA)

Some drugs are available only through a designated Specialty Pharmacy because of manufacturer limited distribution.

Part B versus Part D drug coverage (B/D)

Some drugs could be covered under the Part B (medical) or Part D (prescription drug) benefit, depending on certain criteria. This means that you or your doctor will need to submit a request to Liberty Medicare Advantage Health Plan so we can determine, based on Medicare guidelines, if your drug will be covered as Part B or Part D. Your cost sharing will be based on this determination.

Specialty Pharmacy Drug (SP)

Liberty Medicare Advantage Health Plan provides members the option of obtaining some select medications through a Specialty Pharmacy provider. By using a Specialty Pharmacy, members will have access to providers that specialize in education, care, and support for members with certain complex conditions.

NDS: Non-extended Day Supply Drug

In an effort to contain drug costs, certain high-cost drugs will be limited to a 30-day supply.

Additional Coverage:

Part B Vaccines

Liberty Medicare Advantage Health Plan covers certain vaccines under Medicare Part B. These vaccines may also be obtained at most retail pharmacies.

- Covid-19 Vaccine
- Influenza (Flu) Vaccine
- Pneumococcal Vaccine

Excluded Drug Coverage:

Liberty Medicare Advantage Health Plan covers select Medicare excluded drugs. These prescription drugs are 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

KEY:

BD = Part B versus Part D – This drug may be covered under Medicare Part B or Part D depending upon the circumstances.

EX = Excluded Drugs - 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.

PA = Prior Authorization – You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

QL = Quantity Limits – There is a limit on the amount of drug that is covered per prescription, or within a specific time frame.

ST = Step Therapy – In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

Every drug on Liberty Medicare Advantage's Drug List is in one of six cost-sharing tiers.

Preferred Generic
Generic
Preferred Brand
Non-Preferred Brand
Specialty Tier
Select Diabetic Drugs

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The second column of the Drug List contains the tier for each drug. (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. Limitations to this coverage may apply.