



## TIER 1 PART D PRESCRIPTION DRUGS

**Over 20 New Drugs Added for 2024!** We're always looking for ways to bring you added value. That's why we're excited to share this list of select generic drugs available on Tier 1 for low or no copay,\* depending on your Medicare Advantage plan through Independent Health.

### The select generic drugs now being offered on Tier 1

You can enjoy the convenience of a 100-day supply for these products

(Listed by treatment category. Effective January 1, 2024):

#### Allergy Medications

- fluticasone nasal spray

#### Alzheimer's Disease Agents

- donepezil 5, 10 mg tabs
- memantine 5, 10 mg tabs

#### Analgesics

- meloxicam 7.5, 15 mg tabs

#### Antianxiety Agents

- buspirone

#### Antidepressants

- bupropion HCL tabs
- bupropion HCL SR tabs
- bupropion XL 150, 300 mg
- citalopram tabs
- escitalopram oxalate tabs
- mirtazapine tabs
- paroxetine HCL IR tabs
- sertraline HCL tabs

#### Antivirals

- emtricitabine/tenofovir DF 200/300 mg

#### Cardiovascular/ Blood Pressure Medications

##### ACE Inhibitors

- amlodipine/benazepril
- benazepril HCL
- benazepril HCL/HCTZ
- enalapril maleate tabs
- enalapril maleate/HCTZ
- fosinopril sodium
- fosinopril sodium/HCTZ

- lisinopril
- lisinopril/HCTZ
- quinapril HCL
- quinapril/HCTZ
- ramipril
- trandolapril

##### Angina Medications

- isosorbide mononitrate ER tabs

##### Angiotensin Receptor Blockers (ARBs)

- amlodipine/olmesartan
- amlodipine/valsartan
- candesartan
- irbesartan
- irbesartan/HCTZ
- losartan potassium
- losartan potassium/HCTZ
- olmesartan
- olmesartan/HCTZ
- telmisartan
- valsartan
- valsartan/HCTZ

##### Beta Blockers

- atenolol
- atenolol/chlorthalidone
- bisoprolol fumarate
- bisoprolol fumarate/HCTZ
- carvedilol tabs
- labetalol tabs
- metoprolol succinate ER
- metoprolol tartrate
- propranolol HCL tabs

##### Blood Thinners

- clopidogrel bisulfate 75 mg
- Jantoven
- warfarin sodium

##### Calcium Channel Blocker

- amlodipine/benazepril
- amlodipine besylate
- amlodipine/olmesartan
- amlodipine/valsartan

##### Cholesterol Lowering Medications

- atorvastatin calcium
- lovastatin
- pravastatin sodium
- rosuvastatin calcium
- simvastatin 5, 10, 20, 40 mg

##### Diuretics

- amiloride HCL
- amiloride/HCTZ
- bumetanide tabs
- chlorthalidone
- furosemide tabs
- hydrochlorothiazide
- indapamide
- metolazone
- spironolactone
- spironolactone/HCTZ
- torsemide tabs
- triamterene/HCTZ tabs and 37.5/25 mg caps

##### Diabetes Medications

- glimepiride
- glipizide
- glipizide ER
- glipizide/metformin
- metformin HCL
- metformin HCL ER TB24\*\*
- pioglitazone

*continued on back*

### Enlarged Prostate Medications

- alfuzosin
- doxazosin
- dutasteride
- finasteride
- tamsulosin
- terazosin

### Glaucoma Medications

- carteolol soln
- dorzolamide/timolol maleate soln
- latanoprost soln
- levobunolol 0.5% soln
- timolol maleate soln

### Gout Agents

- allopurinol

### Immunological Agents

- methotrexate tabs

### Migraine Agents

- naratriptan tabs
- rizatriptan disintegrating tabs
- rizatriptan tabs
- sumatriptan tabs

### Osteoporosis Treatments

- alendronate sodium 35, 70 mg
- ibandronate sodium tabs

### Reflux Treatments

- famotidine 20, 40 mg tabs

### Smoking Cessation Agents

- bupropion SR 150 mg tabs

### Thyroid Medications

- Euthyrox
- Levo-T
- levothyroxine tablets
- Levoxyl
- Unithroid

### Urinary Incontinence Agents

- solifenacin tabs

### Vaccines

- Shingrix

To view the full Drug Formulary, visit [www.IndependentHealth.com/Medicare](http://www.IndependentHealth.com/Medicare).

If you have questions or would like additional information on this benefit, call us at (716) 635-4900 or 1-800-958-4405 (TTY: 711),

October 1–March 31: Monday–Sunday, 8 a.m.–8 p.m.,

April 1–September 30: Monday–Friday, 8 a.m.–8 p.m.



\*Benefits vary by plan. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits and copayments/coinsurance may change on January 1 of each year. The formulary may change at any time. You will receive notice when necessary.

\*\*Excludes metformin ER 24HR modified release and metformin ER 24HR osmotic (generic versions of Glumetza and Fortamet).

Independent Health is a Medicare Advantage organization with a Medicare contract offering HMO, HMO-SNP, HMO-POS and PPO plans. Enrollment in Independent Health depends on contract renewal.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-665-1502 (TTY: 711). Independent Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-1502 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-665-1502 (TTY: 711)。

Y0042\_C9300\_M Accepted 08142023

[www.IndependentHealth.com/Medicare](http://www.IndependentHealth.com/Medicare)

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0A-6431-6331.24 IH33617 REV0823