



\$0 COPAY* FOR SELECT PART D PRESCRIPTION DRUGS

At Independent Health we're always looking for ways to bring you added value. That's why we're excited to have \$0 copay – for select generic drugs – for most of our Medicare Advantage plans with prescription drug coverage.

The select generic drugs now being offered at \$0 copay (Listed by disease category. Effective January 1, 2020):

Antidepressants

- bupropion HCL SR tabs
- citalopram tabs
- escitalopram oxalate tabs
- paroxetine HCL IR tabs
- sertraline HCL tabs

Cardiovascular/ Blood Pressure Medications

Blood Thinners

- clopidogrel bisulfate 75 mg
- warfarin sodium

Beta Blockers

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

Diuretics

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

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

Angiotensin Receptor Blockers (ARBs)

- irbesartan
- irbesartan/HCTZ
- losartan potassium
- losartan potassium/HCTZ
- olmesartan
- olmesartan/HCTZ
- valsartan
- valsartan/HCTZ

Calcium Channel Blocker

- amlodipine/benazepril
- amlodipine besylate

Cholesterol Lowering Medications

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

Diabetes Medications

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

Gastrointestinal Agents

Reflux Treatment

- famotidine 20, 40 mg tabs
- ranitidine HCL 150, 300 mg tabs

Immunological Agents

Immune Suppressants

- methotrexate tabs

Metabolic Bone Disease Agents

Osteoporosis Treatment

- alendronate sodium 35, 70 mg
- ibandronate sodium tabs

Ophthalmic Agents

Glaucoma Medications

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

To view the full Drug Formulary, visit 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. You must continue to pay your Medicare Part B premium.

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

English: ATTENTION: If you 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.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-1502 (TTY: 711).

Chinese: 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)。

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.

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www.IndependentHealth.com/Medicare

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