



## TIER 1 PART D PRESCRIPTION DRUGS

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 (Listed by treatment category. Effective January 1, 2021):

#### **Alzheimer's Disease Agents**

- donepezil 5, 10 mg tabs

#### **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
- Jantoven
- 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

#### **Enlarged Prostate Medications**

- tamsulosin
- terazosin

#### **Gout Agents**

- allopurinol

#### **Immunological Agents**

- methotrexate tabs

#### **Ophthalmic Agents**

##### **Glaucoma Medications**

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

#### **Osteoporosis Treatments**

- alendronate sodium 35, 70 mg
- ibandronate sodium tabs

#### **Reflux Treatments**

- famotidine 20, 40 mg tabs

#### **Thyroid Medications**

- Levo-T
- levothyroxine tablets
- Levoxyl
- Unithroid

#### **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 – December 7: Monday – Sunday, 8 a.m. – 8 p.m.

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



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\* 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).

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).

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

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