

TOP 100 UTILIZED DRUGS

Below is a list of the top 100 commonly utilized prescription drugs among Medicare beneficiaries. This is not a complete list of the drugs covered by our plan, and some of these drugs may be subject to limitations or require prior authorization. For a complete listing that includes prior authorization, step therapy and quantity limitations, please search the online Formulary Search Tool at members.experiencehealthnc.com or call 1-833-905-1298 (TTY: 711), 8 a.m. – 8 p.m., 7 days a week.*

KEY TO TIERS

Experience Health Medicare Advantage SM (HMO)	
TIER 1 (Preferred Generic)	\$0 copay
TIER 2 (Generic)	\$5 copay
TIER 3 (Preferred Brand)	\$45 copay
TIER 4 (Non-Preferred Drug)	\$99 copay
TIER 5 (Specialty Tier)	33% of the cost
TIER 6 (Select Care Drugs)	\$0 copay

Copayments/coinsurance listed are for 30-day supply.

Drug name and Formulation	HMO Tier
Albuterol Sulfate HFA, Aerosol	3
Alendronate Sodium, Tabs	6
Allopurinol, Tabs	1
Alprazolam, Tabs	1
Amiodarone HCL, Tabs	2
Amitriptyline HCL, Tabs	2
Amlodipine Besylate, Tabs	1
Amoxicillin, Caps	1
Atenolol, Tabs	1
Atorvastatin Calcium, Tabs	6
Azithromycin, Tabs	2
Benazepril HCL, Tabs	6
Bupropion Hydrochloride ER (XL), Tabs, Extended Release	2
Buspirone HCL, Tabs	1,2
Carvedilol, Tabs	1
Celecoxib, Caps	2
Cephalexin, Caps	1,3
Chlorthalidone, Tabs	2
Citalopram Hydrobromide, Tabs	1

Drug name and Formulation	HMO Tier
Clonazepam, Tabs	1
Clonidine Hydrochloride, Tabs	1
Clopidogrel, Tabs	1
Diltiazem Hydrochloride ER, Capsule, Extended Release	2
Donepezil HCL, Tabs	1
Doxazosin Mesylate, Tabs	2
Duloxetine HCL, Caps, Enteric Coated Pellets	2
ELIQUIS, Tabs	3
Enalapril Maleate, Tabs	6
Escitalopram Oxalate, Tabs	1
Esomeprazole Magnesium, Caps, Delayed Release	2
Ezetimibe, Tabs	2
Famotidine, Tabs	1
Fenofibrate, Tabs	2
Finasteride, Tabs	1
Fluoxetine HCL, Caps	1
Fluticasone Propionate, Suspension	2
Furosemide, Tabs	1

Drug name and Formulation	HMO Tier
Gabapentin, Caps	1
Gabapentin, Tabs	2
Glimepiride, Tabs	6
Glipizide, Tabs	6
Glipizide ER, Tabs, Extended Release	6
Hydralazine HCL, Tabs	1
Hydrochlorothiazide, Tabs	1
Hydrochlorothiazide, Caps	1
Hydrocodone/ Acetaminophen, Tabs	3,4
Hydroxychloroquine Sulfate, Tabs	2
Ibuprofen, Tabs	1
Irbesartan, Tabs	6
Isosorbide Mononitrate ER, Tabs, Extended Release	1,2
JANUVIA, Tabs	3
JARDIANCE, Tabs	3
Latanoprost, Solution	1
Levothyroxine Sodium, Tabs	1

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Drug name and Formulation	HMO Tier	Drug name and Formulation	HMO Tier	Drug name and Formulation	HMO Tier
Lisinopril, Tabs	6	Olmesartan Medoxomil, Tabs	6	Rosuvastatin Calcium, Tabs	6
Lisinopril/Hydrochlorothiazide, Tabs	6	Omeprazole, Caps, Delayed Release	1,2	Sertraline HCL, Tabs	1
Lorazepam, Tabs	1	Oxybutynin Chloride ER, Tabs, Extended Release	2	Simvastatin, Tabs	6
Losartan Potassium, Tabs	6	Oxycodone HCL, Tabs	3	Spirolactone, Tabs	1
Losartan Potassium/ Hydrochlorothiazide, Tabs	6	Oxycodone/Acetaminophen, Tabs	3,4	SYNTHROID, Tabs	3
Lovastatin, Tabs	6	Pantoprazole Sodium, Tabs, Enteric Coated	1	Tamsulosin HCL, Caps	1
Meloxicam, Tabs	1	Paroxetine Hydrochloride, Tabs	2	Timolol Maleate, Solution	1,2
Memantine HCL, Tabs	2,3	Pioglitazone Hydrochloride, Tabs	6	Tizanidine HCL, Tabs	1
Metformin Hydrochloride, Tabs	6	Potassium Chloride ER, Tabs, Extended Release	2	Tramadol HCL, Tabs	3
Metformin Hydrochloride ER, Tabs, Extended Release	6	Pravastatin Sodium, Tabs	6	Trazodone Hydrochloride, Tabs	1,2
Metoprolol Succinate ER, Tabs, Extended Release	1	Prednisone, Tabs	1,2	Triamterene/ Hydrochlorothiazide, Tabs	1
Metoprolol Tartrate, Tabs	1	Pregabalin, Caps	2	Valsartan, Tabs	6
Mirtazapine, Tabs	1	Quetiapine Fumarate, Tabs	2	Venlafaxine HCL ER, Capsule, Extended Release	2
Montelukast Sodium, Tabs	1	Ramipril, Caps	6	VENTOLIN HFA, Aerosol	3
Nifedipine ER, Tabs, Extended Release	2			Warfarin Sodium, Tabs	1
				XARELTO, Tabs	3
				Zolpidem Tartrate, Tabs	2

Effective January 1, 2022, the on-formulary insulins from the following brands will be included in the Part D Senior Savings Model (PDSS) with a \$35 copay:**

- **BASAGLAR**
- **HUMALOG**
- **HUMULIN**
- **LANTUS**
- **LEVEMIR**
- **LYUMJEV**
- **TOUJEO**
- **TRESIBA**

*Between April 1 and September 30, toll free 1-833-905-1298 (TTY: 711) 8 a.m. to 8 p.m., Monday – Friday.

**PDSS Insulin \$35 copay is applicable in the Initial Coverage and Coverage Gap phases of the Part D benefit. Only non-LIS enrollees are eligible for the \$35 copay under the PDSS Model.

The Top 100 Utilized Drugs was compiled as of August 2021 and is not a complete list of drugs covered by our plan.

For a complete listing, please call 1-833-905-1298 (TTY: 711) or visit experiencehealthnc.com.

Experience Health is an HMO plan with a Medicare contract. Enrollment in Experience Health Medicare Advantage (HMO) depends on contract renewal.

To join Experience Health Medicare Advantage (HMO), you must have Medicare Part A and Part B, and live in the service area (Durham, Franklin, Granville, Lee, Orange, Person, Vance or Wake counties, North Carolina). Please contact the plan for more information.

Medicare beneficiaries may also enroll in Experience Health Medicare Advantage (HMO) through the CMS Medicare Online Enrollment Center located at www.medicare.gov.

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