

**Tufts Health Plan Medicare Preferred**

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Plan Selected: 2024 Tufts Medicare Preferred HMO Value Rx  
Zip Code: 02451 (Waltham, MA)

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**Formulary: Drug is covered with no Utilization Management requirements**

- Drug = Lisinopril

**Validate coverage of the drug through the Prescription Drug List link**

The screenshot shows a web browser window with the URL [https://www.optumrx.com/oe\\_tm...](https://www.optumrx.com/oe_tm...). The page title is "Prescription drug list – Tufts Medicare Preferred HMO". Below the title, there is a brief description: "Find out if and how your drugs are covered on our Tufts Medicare Preferred HMO plans. See which tiers they're in and whether there are any coverage requirements or limits." A dropdown menu labeled "Select a plan" is set to "2024 Tufts Medicare Preferred HMO Value Rx". Below this are three tabs: "Drug Name", "Therapeutic Class", and "Status Tier". A search instruction reads: "Search the list of FDA-approved drugs and coverage for each by entering a drug name below." The "Last Update" is noted as "October, 2023". A search box labeled "Drug name" contains the text "lisinopril" and a search icon. Below the search box, a blue bar displays the result "LISINOPRIL".

**Results of Prescription Drug List search (sample – more results were found):**

## Prescription drug list search results

Plan: 2024 Tufts Medicare Preferred HMO Value Rx

[Prescription drug list](#)

Brand and Generic Filter by Coverage

Brand Name	Dosage	Coverage	Restrictions	
LISINOPRIL TAB 20 MG <small>Generic</small>	20MG Tablet	TIER 1 - FORMULARY	Prior authorization: No Step therapy: No	<a href="#">Coverage details &gt;</a>
LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG <small>Generic</small>	0 Tablet	TIER 1 - FORMULARY	Prior authorization: No Step therapy: No	<a href="#">Coverage details &gt;</a>
LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG <small>Generic</small>	0 Tablet	TIER 1 - FORMULARY	Prior authorization: No Step therapy: No	<a href="#">Coverage details &gt;</a>
LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG <small>Generic</small>	0 Tablet	TIER 1 - FORMULARY	Prior authorization: No Step therapy: No	<a href="#">Coverage details &gt;</a>
LISINOPRIL TAB 10 MG <small>Generic</small>	10MG Tablet	TIER 1 - FORMULARY	Prior authorization: No Step therapy: No	<a href="#">Coverage details &gt;</a>

### Select Coverage details to view all information on this drug

## Coverage details

Plan: 2024 Tufts Medicare Preferred HMO Value Rx

[Search results](#)

Brand Name	PRINIVIL
Generic name	LISINOPRIL TAB 20 MG
Therapeutic class	CARDIOVASCULAR DRUGS
Therapeutic subclass	RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB
Dosage	20MG Tablet
Status	TIER 1 - FORMULARY
Prior authorization	No.
Step therapy	No.
Quantity limit	No.
Specialty Pharmacy	No.
Member notes	No.

Since the drug is showing as covered with no Utilization Management requirement, go to the [Drug Pricing Tool](#) for the coverage/pricing

**Drug Pricing Tool – select the plan, enter a specific pharmacy (optional) and the zip code. Hit Apply, then enter the drug name.**

The screenshot shows the top of the website with the URL [https://www.optumrx.com/oe\\_tm...](https://www.optumrx.com/oe_tm...) and navigation links for Home, Find a network pharmacy, Drug pricing tool, and Prescription drug list. The main heading is "Drug pricing tool – Tufts Medicare Preferred HMO". Below this, there is a section to "Select your plan for accurate pricing" with a dropdown menu currently set to "2024 Tufts Medicare Preferred HMO Value Rx". The next section is "Enter a pharmacy location" with a text input for "Pharmacy Name - optional" containing "Walgreens", a text input for "ZIP code, city and state, or address" containing "Waltham, MA 02451, USA", a dropdown for "Radius" set to "10 mi.", and a "Use my location" button. An "Apply" button is located at the bottom of this section.

This screenshot shows the "Drug name" search input field with "lisinopril" entered. A dropdown menu below the input field displays "lisinopril" as a search result.

**Results of Drug Pricing Tool search (sample – additional pharmacies were included in the results)**

The screenshot displays the "Drug search results" page for the "2024 Tufts Medicare Preferred HMO Value Rx" plan. The search results for "LISINOPRIL TAB 10MG" are shown, including the generic name, NDC number (68180098003), and dosage options: "1 per day", "30 days retail", and "90 days home delivery". There is an "Edit details" link. Below the search results, there are two informational boxes. The first box is titled "As of January 1, 2023, for Plans with Deductibles:" and contains links to "Important Message About What You Pay for Vaccines" and "Important Message About What You Pay for Insulin". The second box is titled "As of January 1, 2023, for Plans without Deductibles:" and contains similar links for Vaccines and Insulin. A "Print" button is visible in the top right corner of the results area.

## Pricing:

https://www.optumrx.com/oe\_tm...       

**Optum Rx** 

### Drug pricing

Check out the pharmacy prices below to find the best option near you. Please note that these prices do not include the option to pay with cash at your local pharmacy.

#### Lowest prices found near:

 WALTHAM, MA 02453 [Edit](#)  
Compare pre-selected pharmacies  
[Add pharmacy filters or change retail pharmacies to compare](#)

<b>Optum Rx</b>	90 day supply (Qty: 90)	Plan pays \$9.74	You pay <b>\$0.00</b> (\$0.00/mo) <b>BEST VALUE</b>
<small>Plan Preferred Pharmacy</small> <b>CVS PHARMACY #00046</b> Language support, In-network 999 Watertown Street, W Newton, MA, 02465 <a href="tel:617-964-7736">617-964-7736</a>	30 day supply (Qty: 30)	Plan pays \$4.36	You pay <b>\$0.00</b> (\$0.00/mo) <b>BEST VALUE</b>
<small>Plan Preferred Pharmacy</small> <b>HANNAFORD SUPERMARKET &amp; PHARMACY</b> Language support, In-network 55 Russell St, Waltham, MA, 02453 <a href="tel:781-642-7416">781-642-7416</a>	30 day supply (Qty: 30)	Plan pays \$4.11	You pay <b>\$0.00</b> (\$0.00/mo) <b>BEST VALUE</b>
<small>Plan Preferred Pharmacy</small> <b>KEYES DRUG INC.</b> Language support, In-network 2090 Commonwealth Ave, Auburndale, MA, 02466 <a href="tel:617-244-2794">617-244-2794</a>	30 day supply (Qty: 30)	Plan pays \$4.36	You pay <b>\$0.00</b> (\$0.00/mo) <b>BEST VALUE</b>
<small>Plan Preferred Pharmacy</small> <b>CVS PHARMACY #00114</b> Language support, In-network, 24-hour 12 Harvard Street, Waltham, MA, 02453 <a href="tel:781-894-1600">781-894-1600</a>	30 day supply (Qty: 30)	Plan pays \$4.36	You pay <b>\$0.00</b> (\$0.00/mo) <b>BEST VALUE</b>
<b>WALGREENS #2669</b> Language support, In-network 20 Weston St, Waltham, MA, 02453 <a href="tel:781-991-9525">781-991-9525</a>	30 day supply (Qty: 30)	Plan pays \$0.00	You pay <b>\$3.16</b> (\$3.16/mo)

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### Formulary: Drug is covered with Utilization Management requirements

- Drug = Abelcet (requires Prior Authorization)

Validate coverage of the drug through the [Prescription Drug List link](#)

https://www.optumrx.com/oe\_tm...

Optum Rx<sup>®</sup> TUFTS Health Plan

Home Find a network pharmacy Drug pricing tool Prescription drug list

### Prescription drug list – Tufts Medicare Preferred HMO

Find out if and how your drugs are covered on our Tufts Medicare Preferred HMO plans. See which tiers they're in and whether there are any coverage requirements or limits. [Print](#)

Select a plan

2024 Tufts Medicare Preferred HMO Value Rx

Drug Name Therapeutic Class Status Tier

Search the list of FDA-approved drugs and coverage for each by entering a drug name below.

Last Update: October, 2023

Drug name

abelcet

ABELCET

## Results for Prescription Drug List – shows that the drug is covered on Tier 4 and requires Prior Authorization

https://www.optumrx.com/oe\_tm...

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### Prescription drug list search results

Plan: 2024 Tufts Medicare Preferred HMO Value Rx [Print](#)

[Prescription drug list](#)

<b>ABELCET</b>	Dosage	Coverage	Restrictions	<a href="#">Coverage details &gt;</a>
Brand	5MG/ML Suspension	TIER 4 - FORMULARY	Prior authorization: Yes Step therapy: No	

## Select Coverage Details to see all information associated with this drug

https://www.optumrx.com/oe\_tm...

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### Coverage details

Plan: 2024 Tufts Medicare Preferred HMO Value Rx [Print](#)

[Search results](#)

Brand Name	<b>ABELCET</b>
Generic name	AMPHOTERICIN B LIPID INJ SUSP (FOR IV INFUSION) 5 MG/ML
Therapeutic class	<a href="#">ANTI-INFECTIVE AGENTS</a>
Therapeutic subclass	<a href="#">ANTIFUNGAL (SYSTEMIC)</a>
Dosage	5MG/ML Suspension
Status	TIER 4 - FORMULARY
Prior authorization	Yes.
Step therapy	No.
Quantity limit	No.
Specialty Pharmacy	No.
Member notes	No.

Since this drug is covered and has utilization management requirements, currently the Drug Pricing Tool will not provide accurate information for the coverage or price. Below are screenshots of what you would currently see if utilizing the Drug Pricing Tool for this drug.

The screenshot shows the Optum Rx website interface for the Tufts Medicare Preferred HMO plan. The browser address bar shows the URL [https://www.optumrx.com/oe\\_tm...](https://www.optumrx.com/oe_tm...). The page title is "Drug pricing tool – Tufts Medicare Preferred HMO".

Instructions: "Choose the Tufts Medicare Preferred HMO plan you're interested in to learn how much you'll pay out of pocket for your prescriptions."

Disclaimer: "The 2024 drug pricing tool provides pricing details for covered drugs. However, covered drugs may include utilization management requirements, such as prior authorization or step therapy. Plans may also offer enhanced coverage for drugs not covered by Medicare. Please use the [Prescription Drug List](#) to confirm additional details."

Plan selection: "Select your plan for accurate pricing" with a dropdown menu showing "2024 Tufts Medicare Preferred HMO Value Rx".

Pharmacy location: "Enter a pharmacy location".  
Pharmacy Name - optional: "walgreens"  
ZIP code, city and state, or address: "Waltham, MA 02451, USA"  
Radius: "10 mi." with a dropdown arrow and a "Use my location" button.  
An "Apply" button is located below the location fields.

Drug name: "Abelcet" is entered in the search field, with a dropdown menu showing "Abelcet".

- Screenshot of Results page: 1<sup>st</sup> half of page (Drug Coverage)

## Drug search results

Plan: 2024 Tufts Medicare Preferred HMO Value Rx Print

[New search](#)

Imagery may or may not reflect the look of your current medications.



**ABELCET INJ 5MG/ML**

Brand NDC: 57665010141

1 20.0 ML Vial (Package Size 1) 30 days retail 90 days home delivery [Edit details](#)

*Defaults to the most common dosage of this drug. Restore default*

**Coverage alert:** This medication is not covered by your plan benefit. You will be responsible for the full amount of the medication. Lower cost options may be covered by your plan benefit.

**As of January 1, 2023, for Plans with Deductibles:**

[Important Message About What You Pay for Vaccines](#) - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

[Important Message About What You Pay for Insulin](#) - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

**As of January 1, 2023, for Plans without Deductibles:**

[Important Message About What You Pay for Vaccines](#) - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

[Important Message About What You Pay for Insulin](#) - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

## Screenshot of results page: 2<sup>nd</sup> half of page (Drug Pricing)

### Drug pricing

Check out the pharmacy prices below to find the best option near you. Please note that these prices do not include the option to pay with cash at your local pharmacy.

**Lowest prices found near:**

[WALTHAM, MA 02453](#) [Edit](#)

Compare pre-selected pharmacies

[Add pharmacy filters or change retail pharmacies to compare](#)

	90 day supply (Qty: 3)	Plan pays Price unavailable online	You pay <b>Price unavailable online</b>
<b>WALGREENS #2669</b> Language support, In-network 20 Weston St, Waltham, MA, 02453 <a href="tel:781-891-9525">781-891-9525</a>	30 day supply (Qty: 1)	Plan pays Price unavailable online	You pay <b>Price unavailable online</b> <a href="#">View the average retail price</a>
<b>CVS PHARMACY #00046</b> Language support, In-network 999 Watertown Street, W Newton, MA, 02465 <a href="tel:617-964-7736">617-964-7736</a>	30 day supply (Qty: 1)	Plan pays Price unavailable online	You pay <b>Price unavailable online</b> <a href="#">View the average retail price</a>
<b>HANNAFORD SUPERMARKET &amp; PHARMACY</b> Language support, In-network 55 Russell St, Waltham, MA, 02453 <a href="tel:781-642-7416">781-642-7416</a>	30 day supply (Qty: 1)	Plan pays Price unavailable online	You pay <b>Price unavailable online</b> <a href="#">View the average retail price</a>

<b>Plan Preferred Pharmacy</b> <b>KEYES DRUG INC.</b> Language support, In-network 2090 Commonwealth Ave, Auburndale, MA, 02466 <a href="tel:617-244-2794">617-244-2794</a>	30 day supply (Qty: 1)	Plan pays Price unavailable online	You pay <b>Price unavailable          online</b> <a href="#">View the average retail price</a>
<b>Plan Preferred Pharmacy</b> <b>CVS PHARMACY #00114</b> Language support, In-network, 24-hour 12 Harvard Street, Waltham, MA, 02453 <a href="tel:781-994-1600">781-994-1600</a>	30 day supply (Qty: 1)	Plan pays Price unavailable online	You pay <b>Price unavailable          online</b> <a href="#">View the average retail price</a>

**Enhanced covered drug: Drug is excluded by Medicare, but being covered by the Plan**

**Validate coverage of the drug through the Prescription Drug List link**

https://www.optumrx.com/oe\_tmphmo/prescriptio...

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Home Find a network pharmacy Drug pricing tool Prescription drug list

Prescription drug list – Tufts Medicare Preferred HMO

Find out if and how your drugs are covered on our Tufts Medicare Preferred HMO plans. See which tiers they're in and whether there are any coverage requirements or limits.

Select a plan

2024 Tufts Medicare Preferred HMO Value Rx

Drug Name Therapeutic Class Status Tier

Search the list of FDA-approved drugs and coverage for each by entering a drug name below.

Last Update: October, 2023

Drug name

benzor

BENZONATATE

**Results for Prescription Drug List – the 3 results show the enhanced covered drugs on Tier 2**

https://www.optumrx.com/oe\_tmphmo/formulary--pdl--s...

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Home Find a network pharmacy Drug pricing tool Prescription drug list

Prescription drug list search results

Plan: 2024 Tufts Medicare Preferred HMO Value Rx

Print

Prescription drug list

<b>BENZONATATE CAP 100 MG</b> Generic	Dosage 100MG Capsule	Coverage TIER 2 - FORMULARY	Restrictions Prior authorization: No Step therapy: No	<a href="#">Coverage details &gt;</a>
<b>BENZONATATE CAP 150 MG</b> Generic	Dosage 150MG Capsule	Coverage TIER 2 - FORMULARY	Restrictions Prior authorization: No Step therapy: No	<a href="#">Coverage details &gt;</a>
<b>BENZONATATE CAP 200 MG</b> Generic	Dosage 200MG Capsule	Coverage TIER 2 - FORMULARY	Restrictions Prior authorization: No Step therapy: No	<a href="#">Coverage details &gt;</a>

Since this an enhanced covered drug, currently the Drug Pricing Tool will not provide accurate information for the coverage or price.

As a reference, below is a list of the 2024 enhanced covered drugs. They can also be found in the 2024 Formulary booklet (PDF) on the Home page.

Trade Name	Ingredients (GPI Name)	Quantity Limits?
SILDENAFIL TAB 25MG	SILDENAFIL CITRATE TAB 25 MG	MDD 4/30
SILDENAFIL TAB 50MG	SILDENAFIL CITRATE TAB 50 MG	MDD 4/30
SILDENAFIL TAB 100MG	SILDENAFIL CITRATE TAB 100 MG	MDD 4/30
TADALAFIL TAB 10MG	TADALAFIL TAB 10 MG	MDD 4/30
TADALAFIL TAB 20MG	TADALAFIL TAB 20 MG	MDD 4/30
VARDENAFIL TAB 2.5MG	VARDENAFIL HCL TAB 2.5 MG	MDD 4/30
VARDENAFIL TAB 5MG	VARDENAFIL HCL TAB 5 MG	MDD 4/30
VARDENAFIL TAB 10MG	VARDENAFIL HCL TAB 10 MG	MDD 4/30
VARDENAFIL TAB 20MG	VARDENAFIL HCL TAB 20 MG	MDD 4/30
VARDENAFIL TAB 10MG ODT	VARDENAFIL HCL ORALLY DISINTEGRATING TAB 10 MG	MDD 4/30
HYDROCHOMAT TAB 5-1.5MG	HYDROCODONE w/ HQMATROPINE TAB 5-1.5 MG	N/A
BENZONATATE CAP 100MG	BENZONATATE CAP 100 MG	N/A
BENZONATATE CAP 150MG	BENZONATATE CAP 150 MG	N/A
BENZONATATE CAP 200MG	BENZONATATE CAP 200 MG	N/A
PROMETHCOD SOL 6.25-10	PROMETHAZINE w/ CODEINE SYRUP 6.25-10 MG/5ML	N/A
HYD POLICPM SUS 10-0.85ML	HYDROCOD POLST-CHLORPHEN POLST ER SUSP 10-8 MG	N/A
PROMETHPEI SYP CODEINE	PROMETHAZINE-PHENYLEPHRINE-CODEINE SYRUP 6.25-5	N/A
VITAMIN D CAP 50000UNT	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	MDD 4/28
CYANOCOBALAM INJ 1000MCG	CYANOCOBALAMIN INJ 1000 MCG/ML	N/A
FOLIC ACID TAB 1MG	FOLIC ACID TAB 1MG	N/A

MDD = Maximum Daily Dose

**Non-Formulary: drug is not covered**

- **Drug: Xanax**

Validate coverage of the drug through the [Prescription Drug List link](#)

The screenshot shows the Optum Rx website interface. At the top, there is a navigation bar with 'Home', 'Find a network pharmacy', 'Drug pricing tool', and 'Prescription drug list'. The main heading is 'Prescription drug list – Tufts Medicare Preferred HMO'. Below this, there is a section for selecting a plan, with '2024 Tufts Medicare Preferred HMO Value Rx' selected. There are buttons for 'Drug Name', 'Therapeutic Class', and 'Status Tier'. A search box contains the text 'xanax' and a search icon. Below the search box, a result for 'XANAX' is displayed, indicating it is a Non-Formulary drug.

**Results:** The generic versions of Xanax are shown first, then the brand shows as Non-Formulary. No additional search using the Drug Pricing Tool is needed.

## Prescription drug list search results

Plan: 2024 Tufts Medicare Preferred HMO Value Rx

Print

Prescription drug list

Brand and Generic Filter by Coverage

<b>ALPRAZOLAM TAB 0.25 MG</b> Generic	Dosage .25MG Tablet	Coverage TIER 1 - FORMULARY	Restrictions Prior authorization: No Step therapy: No	<a href="#">Coverage details</a>
<b>ALPRAZOLAM TAB 0.5 MG</b> Generic	Dosage .5MG Tablet	Coverage TIER 1 - FORMULARY	Restrictions Prior authorization: No Step therapy: No	<a href="#">Coverage details</a>
<b>ALPRAZOLAM TAB 1 MG</b> Generic	Dosage 1MG Tablet	Coverage TIER 1 - FORMULARY	Restrictions Prior authorization: No Step therapy: No	<a href="#">Coverage details</a>
<b>ALPRAZOLAM TAB 2 MG</b> Generic	Dosage 2MG Tablet	Coverage TIER 1 - FORMULARY	Restrictions Prior authorization: No Step therapy: No	<a href="#">Coverage details</a>
<b>ALPRAZOLAM TAB ER 24HR 0.5 MG</b> Generic	Dosage .5MG Tablet ER 24HR	Coverage TIER 2 - FORMULARY	Restrictions Prior authorization: No Step therapy: No	<a href="#">Coverage details</a>
<b>ALPRAZOLAM TAB 0.5MG XR</b> Generic	Dosage .5MG Tablet ER 24HR	Coverage TIER 2 - FORMULARY	Restrictions Prior authorization: No Step therapy: No	<a href="#">Coverage details</a>
<b>ALPRAZOLAM TAB 3MG XR</b> Generic	Dosage 3MG Tablet ER 24HR	Coverage TIER 2 - FORMULARY	Restrictions Prior authorization: No Step therapy: No	<a href="#">Coverage details</a>
<b>ALPRAZOLAM TAB ER 24HR 3 MG</b> Generic	Dosage 3MG Tablet ER 24HR	Coverage TIER 2 - FORMULARY	Restrictions Prior authorization: No Step therapy: No	<a href="#">Coverage details</a>
<b>XANAX</b> Brand	Dosage .25MG Tablet	Coverage NON-FORMULARY	Restrictions Prior authorization: No Step therapy: No	<a href="#">Coverage details</a>
<b>XANAX</b> Brand	Dosage .5MG Tablet	Coverage NON-FORMULARY	Restrictions Prior authorization: No Step therapy: No	<a href="#">Coverage details</a>
<b>XANAX</b> Brand	Dosage 1MG Tablet	Coverage NON-FORMULARY	Restrictions Prior authorization: No Step therapy: No	<a href="#">Coverage details</a>
<b>XANAX</b> Brand	Dosage 2MG Tablet	Coverage NON-FORMULARY	Restrictions Prior authorization: No Step therapy: No	<a href="#">Coverage details</a>
<b>XANAX XR</b> Brand	Dosage .5MG Tablet ER 24HR	Coverage NON-FORMULARY	Restrictions Prior authorization: No Step therapy: No	<a href="#">Coverage details</a>
<b>XANAX XR</b> Brand	Dosage 1MG Tablet ER 24HR	Coverage NON-FORMULARY	Restrictions Prior authorization: No Step therapy: No	<a href="#">Coverage details</a>