



Enhanced drugs covered for select employer group Part D plans

Enhanced Drugs

Most Enhanced Drugs are not found on the Medicare Part D formulary because they are not covered for all Part D members. They are only covered for members in an Enhanced Part D Plan that DOES NOT have a coverage gap.

There are two kinds of Enhanced Drugs that are covered under MVP's Enhanced Part D plans – Medicare excluded drugs and Formulary excluded drugs (these drugs are not listed in MVP's Medicare Part D Formulary).

How can you tell if you have an Enhanced Part D Plan?

If you receive a Prescription Drug Rider with your Evidence of Coverage (your contract), check the “Benefits Covered” section to see if your plan provides additional prescription drug coverage for Medicare excluded drugs. If yes, you are enrolled in an “Enhanced Plan” that covers certain Medicare excluded drugs and other enhanced drugs.

If your drug is an Enhanced Drug –

You will pay your Tier 2 copay if it is a generic drug or your Tier 4 copay if it is a brand name drug. See your Prescription Drug Rider for your Tier 2 and Tier 4 copay amounts.

Medicare Excluded Drugs covered by MVP's Enhanced Part D Plans:

| DRUG NAME^ | Drug Tier |
|--|-----------|
| benzphetamine (generic for Didrex) | 2 |
| diethylpropion (generic for Tenuate) | 2 |
| phendimetrazine tartrate (generic for Bontril PDM) | 2 |
| phendimetrazine tartrate SR (generic for Bontril SR) | 2 |
| phentermine (generic for Adipex-P) | 2 |
| XENICAL (prior authorization required) | 4 |
| BELVIQ (prior authorization required) | 4 |
| QSYMIA (prior authorization required) | 4 |
| SAXENDA (prior authorization required) | 4 |
| CIALIS10mg & 20mg tablets ^{+,QL-4} | 4 |
| CAVERJECT ^{+,QL-6} , EDEX ^{+,QL-6} | 4 |
| LEVITRA ^{+,QL-4} | 4 |
| MUSE ^{+,QL-6} | 4 |
| VIAGRA ^{+,QL-4} | 4 |
| STAXYN ^{+,QL-4} | 4 |

^A prior authorization request may be required for a brand name drug if there is a generic equivalent available. If the brand name drug is approved, it will take a tier 4 copay.

+Limits apply per month regardless of dosing considerations. Cialis 2.5mg and 5mg require prior authorization. Refer to the MVP Medicare Part D Cialis Policy for additional indication coverage. Consideration for 30 tablets every 30 days may be given for Part D indications for Cialis 2.5mg and 5mg.

QL⁻⁶ Quantity limit of 6 dosage units/injections every 30 days.

QL⁻⁴ Quantity limit of 4 tablets every 30 days

Additional Drugs covered by MVP's Enhanced Part D Plans*

| DRUG NAME^ (limited to a 30 day supply per fill) | Drug Tier |
|--|-----------|
| estazolam tablets* (generic for ProSom) | 2 |
| flurazepam capsules* (generic for Dalmane) | 2 |
| temazepam capsules* (generic for Restoril) | 2 |
| triazolam tablets* (generic for Halcion) | 2 |

* These Part D drugs will apply to your TrOOP (true out-of-pocket) costs and/or Drug Spend.

^A prior authorization request may be required for a brand name drug if there is a generic equivalent available. If the brand name drug is approved, it will take a tier 4 copay.

Last Updated 10/2015
Y0051_1728 (12/2012)