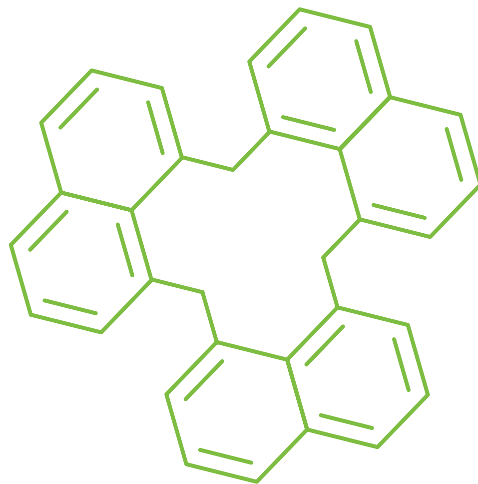
2025 Prescription Drug Formulary

This formulary was updated on 02/01/2025. For the most recent information or if you have questions, call Pharmacy Customer Service at (888) 741-5002 (TTY: 711), seven days a week, 24 hours a day, or go to Member.BayCarePlus.org.



BayCarePlus **Rewards** (HMO)
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BayCarePlus **Premier** (HMO)

Serving Hillsborough, Pasco, Pinellas and Polk Counties

BayCare Health Plans (HMO)
2025 Formulary
(List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

Note to existing members: This formulary has changed since last year.

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, even if the insulin is not considered a Select Insulin under the plan's Prescription Drug Formulary.

Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us", or "our," it means **BayCare** Health Plans. When it refers to "plan" or "our plan," it means **BayCare** Health Plans (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of February 2025. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

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What is the BayCare Health Plans (HMO) Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the BayCare Health Plans (HMO) Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes**. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the BayCare Health Plans (HMO) Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of November 2024. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If we make other types of formulary changes than those listed above (non-maintenance changes), we will mail written notification to affected members in the form of Formulary Errata Sheets.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page number 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- Prior Authorization: We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- Quantity Limits: For certain drugs, we limit the amount of the drug that we will cover. For example, we provide eighteen per prescription for sumatriptan 50mg tablet. This may be in addition to a standard one-month or three-month supply.
- Step Therapy: In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the BayCare Health Plans formulary?" on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Pharmacy Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering, or utilization restriction exception. When you request a formulary, tiering, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

Members who have a change in level of care (setting) will be allowed up to a one-time 30-day transition supply per drug. Examples include beneficiaries who are entering a long-term care facility are discharged from a hospital to home or are ending a long-term care stay and returning to the community.

For more information

For more detailed information about your BayCare Health Plans prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about BayCare Health Plans, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 day a week. TTY users should call 1-877-486-2048. Or visit http://www.medicare.gov.

BayCare Health Plans Formulary

The formulary below provides coverage information about the drugs covered by BayCare Health Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., HUMIRA) and generic drugs are listed in lower-case italics (e.g., warfarin).

The second column of the chart is for *reference only* to identify the common Brand or generic name. The specific products in the second column are not on the formulary this is again, *for reference only*.

Example 1:

Thyroid and Antithyroid Agents		
Levothyroxine oral tablet 100 mcg 112mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Synthroid)	1

Levothyroxine is the formulary product and Synthroid is not on the formulary and was only provided for reference.

Example 2:

Antidiabetic Agents		
Farxiga Oral Table 10 MG, 5MG	(dapagliflozin propanediol)	3

Farxiga is the formulary product and dapagliflozin propanediol is not on the formulary and was only provided for reference.

The information in the Requirements/Limits column tells you if BayCare Health Plans has any special requirements for coverage of your drug.

List of Abbreviations

CB: Capped benefit. For drugs not normally covered in a Medicare Prescription Drug Plan, we limit the amount of the drug that the plan will cover. For example, we provide six tablets per 30-day prescription for sildenafil.

EX: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

LA: Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Provider Directory or call pharmacy customer service at 1-888-741-5002 toll free, seven days a week, 24 hours a day . TTY users should call 711.

NDS: Non-Extended Days Supply. This drug can only be obtained for a one-month supply or less.
You cannot fill a prescription for more than a one-month supply.

NM: Non-Mail Order. The prescription cannot be filled by a plan network mail order pharmacy.

PA: Prior Authorization. We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from BayCare Health Plans before you fill your prescriptions. If you don't get approval, the plan may not cover the drug.

PA BvD: Prior Authorization for Part B vs Part D Determination. This prescription drug has a Part B versus D administrative prior authorization requirement. You (or your physician) are required to get prior authorization from us to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, the plan may not cover this drug.

PA NSO: Prior Authorization, New Starts Only. If you are a new member or if you have not taken this drug before, you or your physician are required to get prior authorization from BayCare Health Plans before you fill your prescription for this drug. Without prior approval, the plan may not cover this drug.

QL: Quantity Limit. For certain drugs, we limit the amount of the drug that the plan will cover. For example, we provide eighteen tablets per prescription for sumatriptan succinate. This may be in addition to a standard one-month or three-month supply.

SI: Select Insulins which are part of the Insulin Savings Program and therefore will incur low, consistent copays through the Coverage Gap phase. See the Evidence of Coverage for more information regarding Select Insulins, including full cost-sharing information. NOTE: Insulin administered via durable equipment insulin pump is NOT covered under this Part D benefit; Per Medicare, such insulin would be covered under Medicare Part B. The Insulin Savings Program is only applicable to BayCarePlus Complete (HMO) and BayCarePlus Premier (HMO) plans.

ST: Step Therapy. In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.

See information below regarding copayment amounts and/or coinsurance percentages. For more information, refer to Chapter 6, Section 5.2 and Section 5.4 in your Evidence of Coverage.

Cost Sharing Tier Level	Standard retail or Long-term care (LTC) cost sharing for a one-month supply at a network pharmacy	Standard retail cost sharing for a three-month supply (up to 100 days' supply) at a network pharmacy	Mail-order cost sharing for a three-month supply (up to 100 days' supply)
BayCarePlus Complete (HMO)			
Tier 1 – Preferred Generics	$0	$0	$0
Tier 2 - Generics	$3	$9	$0
Tier 2 - Select Insulins	$35	$105	$95
Tier 3 - Preferred Brands	$35	$105	$95
Tier 3 - Select Insulins	$35	$105	$95
Tier 4 – Non-Preferred Brand	31 % coinsurance	31% coinsurance	31% coinsurance
Tier 4 – Select Insulins	$35	$105	$95
Tier 5 – Specialty	33% coinsurance	A three-month supply is not available for drugs in Tier 5	A three-month supply is not available for drugs in Tier 5
Tier 6- Select Maintenance Drugs	$0	$0	$0

Cost Sharing Tier Level	Standard retail or Long-term care (LTC) cost sharing for a one-month supply at a network pharmacy	Standard retail cost sharing for a three-month supply (up to 100 days' supply) at a network pharmacy	Mail-order cost sharing for a three-month supply (up to 100 days' supply)
BayCarePlus Premier (HMO)			
Tier 1 – Preferred Generics	$0	$0	$0
Tier 2 - Generics	$0	$0	$0
Tier 2 - Select Insulins	$0	$0	$0
Tier 3 - Preferred Brands	$30	$90	$80
Tier 3 - Select Insulins	$30	$90	$80
Tier 4 – Non-Preferred Brand	31 % coinsurance	31% coinsurance	31% coinsurance
Tier 4 – Select Insulins	$35	$105	$105
Tier 5 – Specialty	33% coinsurance	A three-month supply is not available for drugs in Tier 5	A three-month supply is not available for drugs in Tier 5
Tier 6- Select Maintenance Drugs	$0	$0	$0

Cost Sharing Tier Level	Standard retail or Long-term care (LTC) cost sharing for a one-month supply at a network pharmacy	Standard retail cost sharing for a three-month supply (up to 100 days' supply) at a network pharmacy	Mail-order cost sharing for a three-month supply (up to 100 days' supply)
BayCarePlus Rewards (HMO)			
Tier 1 – Preferred Generics	$0	$0	$0
Tier 2 - Generics	$10	$30	$0
Tier 2 - Select Insulins	$10	$30	$0
Tier 3 - Preferred Brands	$47	$141	$125
Tier 3 - Select Insulins	$35	$105	$105
Tier 4 – Non-Preferred Brand	40 % coinsurance	40% coinsurance	40% coinsurance
Tier 4 – Select Insulins	$35	$105	$105
Tier 5 – Specialty	33% coinsurance	A three-month supply is not available for drugs in Tier 5	A three-month supply is not available for drugs in Tier 5
Tier 6- Select Maintenance Drugs	$0	$0	$0

BayCare Health Plans
P. O. Box 30764
Tampa, FL 33630

Member.BayCarePlus.org

Toll-free: (888) 741-5002 (TTY: 711)
Seven days a week, 24 hours a day

This formulary was updated on 02/01/2025. For the most recent information or if you have questions, contact Pharmacy Customer Service. BayCare Select Health Plans is an HMO plan with a Medicare contract. Enrollment in BayCare Select Health Plans depends on contract renewal. BayCare Select Health Plans complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

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BayCarePlus Medicare Advantage