

SAVE MONEY WITH \$0 GENERIC DRUGS AT PREFERRED PHARMACIES*

Please Note: members will pay higher copays at standard pharmacies



2020 TIER 1 PREFERRED GENERIC DRUG	DOSAGE FORM	SUBSTITUTION FOR:
alendronate sodium	5mg, 10mg 35mg, 70mg	Fosamax™
allopurinol	tablet	Zyloprim™
amlodipine besylate	tablet	Norvasc™
amlodipine-benzapril	capsule	Lotrel™
atenolol	tablet	Tenormin™
atenolol-chlorthalidone	tablet	Tenoretic™
atorvastatin calcium	tablet	Lipitor™
benazepril hcl	tablet	Lotensin™
carteolol hcl	eye drops	N/A
carvedilol	tablet	Coreg™
chlorothiazide	tablet	N/A
chlorthalidone	tablet	N/A
citalopram hbr	tablet	Celexa™
donepezil	tablet	Aricept™
enalapril maleate	tablet	Vasotec™
enalapril-hydrochlorothiazide	tablet	Vaseretic™
escitalopram oxalate	tablet	Lexapro™
fluoxetine hcl	capsule	Prozac™
fosinopril sodium	tablet	N/A
furosemide	tablet	Lasix™
glimepiride	tablet	Amaryl™
glipizide	tablet	Glucotrol™
glipizide er	tablet	Glucotrol XL™
glipizide-metformin	tablet	Metaglip™
hydrochlorothiazide	capsule/tablet	N/A
indapamide	tablet	N/A
irbesartan	tablet	Avapro™
irbesartan-hydrochlorothiazide	tablet	Avalide™
jantoven	tablet	Coumadin™
latanoprost	eye drops	Xalatan™
levobunolol hcl	eye drops	Betagan™
levothyroxine sodium	tablet	Levoxyl™, Synthroid™
lisinopril	tablet	Prinivil™, Zestril™
lisinopril-hydrochlorothiazide	tablet	Zestoretic™
losartan potassium	tablet	Cozaar™

2020 TIER 1 PREFERRED GENERIC DRUG	DOSAGE FORM	SUBSTITUTION FOR:
losartan-hydrochlorothiazide	tablet	Hyzaar™
lovastatin	tablet	N/A
metformin hcl	tablet	Glucophage™
metformin hcl er	500mg, 750mg tablet	Glucophage XR™ (generics for Glumetza™ or Fortamet™ not included)
methotrexate sodium	tablet	N/A
metoprolol succinate er	tablet	Toprol XL™
metoprolol tartrate	tablet	Lopressor™
olmesartan	tablet	Benicar™
olmesartan-hydrochlorothiazide	tablet	Benicar HCT™
pioglitazone hcl	tablet	Actos™
pravastatin sodium	tablet	Pravachol™
quinapril hcl	tablet	Accupril™
quinapril-hydrochlorothiazide	tablet	Accuretic™
ramipril	capsule	Altace™
rosuvastatin	tablet	Crestor™
sertraline hcl	tablet	Zoloft™
simvastatin	tablet	Zocor™
spironolactone	tablet	Aldactone™
tamsulosin hcl	capsule	Flomax™
timolol maleate	eye drops {solution}	Timoptic™
toremide	tablet	Demadex™
unithroid	tablet	Levoxyl™, Synthroid™
valsartan	tablet	Diovan™
valsartan-hydrochlorothiazide	tablet	Diovan HCT™
verapamil er	tablet	Calan SR™
verapamil hcl	tablet	Calan™
warfarin sodium	tablet	Coumadin™

This list includes some drugs that treat chronic conditions such as high blood pressure, high cholesterol, diabetes, thyroid disease, depression/anxiety, osteoporosis, glaucoma, and several others. Tier 1 includes select vaccines.

Look on the back for more information.

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\$0 VACCINES*

2020 TIER 1 VACCINE	WHAT THE VACCINE PROTECTS YOU FROM
Adacel (Tdap)	Diphtheria, Pertussis, Tetanus
Boostrix Tdap	Diphtheria, Pertussis, Tetanus
Gardasil 9	Human Papillomavirus
M-M-R II	Measles, Mumps, Rubella
ProQuad	Measles, Mumps, Rubella, Varicella (chicken pox)
Shingrix	Varicella Zoster (shingles)
Tenivac	Tetanus, Diphtheria
Tetanus-diphtheria Toxoids-Td	Tetanus, Diphtheria



Home Delivery: Have medications home delivered directly to your home from our home delivery pharmacies: Wegmans or Express Scripts.



Retail Pharmacy: Visit select retail preferred pharmacies in our network. To find out which preferred pharmacies can fill a 90-day supply, check the provider/pharmacy directory at MyExcellusMedicare.com/Providers.

***\$0 copay applies when you go to a preferred pharmacy in our network. Pricing may vary by plan. Please check your Evidence of Coverage (EOC) for your plan details.**

Excellus BlueCross BlueShield's pharmacy network includes limited lower-cost, preferred pharmacies. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call **1-877-883-9577 (TTY: 1-800-662-1220)** or consult the online pharmacy directory at MyExcellusMedicare.com/Providers.

This is not a complete list of drugs covered by our plans. For a complete listing, please call Customer Care at **1-877-883-9577 (TTY: 1-800-662-1220)** Monday through Friday, 8 a.m. to 8 p.m. From October 1 to March 31 representatives are available 8 a.m. to 8 p.m. seven days a week. Or visit MyExcellusMedicare.com for the most up-to-date list of covered drugs and other helpful prescription drug information.

You can get prescription drugs shipped to your home through our network home delivery program. Typically, you should expect to receive your prescription drugs within 5 to 8 business days from the time that the home delivery pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact Customer Care.

The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary. This information is not a complete description of benefits. Call **1-877-883-9577 (TTY: 1-800-662-1220)** for more information.

Excellus BlueCross BlueShield is an HMO plan and PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.

Our Health Plan 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 1-877-883-9577 (TTY: 1-800-662-1220).

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 1-877-883-9577 (TTY: 1-800-662-1220)。

