

Benefit Updates for 2024



MAPD: HMO, C-SNP, D-SNP, PPO

Preferred Pharmacy Network



Our Medicare Advantage* and Prescription Drug Plans offer a robust, dependable pharmacy network with over 60,000 pharmacies in network — many offering preferred cost-sharing!* A member's cost-share may be lower when prescriptions are filled through one of our preferred retail pharmacies or our preferred mail-order pharmacy, Express Scripts®. However, members may have prescriptions filled at any network pharmacy. Walgreens®, CVS®, grocers, and select independents pharmacies remain within the preferred 2024 pharmacy network. Amazon® is no longer a preferred pharmacy but remains in the pharmacy network.

- ✓ Remember, some retail pharmacies offer both retail and home delivery options. If a member fills a prescription with a retail pharmacy that also offers home delivery, the retail cost share will apply, and pharmacies may charge a delivery fee.
- ✓ Please utilize the [Find a Provider tool](#) to find an in-network pharmacy. This will also allow you to find an in-network pharmacy's network status (standard vs preferred and if 90/100-day fill is offered).



Effective January 1, 2024, Express Scripts Pharmacy® will replace CVS Caremark® as our preferred mail order provider. CVS Caremark Mail Order® will be out-of-network in 2024.

- ✓ For existing mail order users:
 - Most open prescription refills will be automatically transferred to Express Scripts®. Refills of controlled drugs will NOT be automatically transferred. Members will need to request new prescriptions from their providers.
 - Members who need new mail-order prescriptions *on or after* January 1, 2024 may **either**:
 - Visit express-scripts.com/rx to register or sign in, then follow the guided steps to request a prescription; **OR**
 - Call Express Scripts Pharmacy® at **800-282-2881** or **833-750-0201**.

**Preferred pharmacy network not available for Wellcare D-SNPs.*

Formulary Updates



Beginning **January 1, 2024**, MAPD members will be able to receive up to a 100-day supply of qualifying medications with each fill for non-specialty medications at all in-network pharmacies.



The formulary GLP-1 agonists Bydureon Bcise®, Mounjaro®, Ozempic®, Rybelsus®, and Trulicity® will require a prior authorization (PA) to confirm medically-appropriate use for the treatment of type 2 diabetes (not covered for weight loss, pre-diabetes, type 1 diabetes, or heart disease prevention). The PA applies to all new and existing users of GLP-1 agonists.

For agent use only. Not for distribution to prospects or members. Not all supplemental benefits are available in every market. Features, benefits, and details may vary by market. Refer to the Evidence of Coverage for plan details.