

A Local Medicare Advantage Plan

FOR EL PASOANS. BY EL PASOANS.



2027 Comprehensive Formulary

El Paso Health Medicare Advantage Dual (HMO D-SNP)
El Paso Health Total (HMO) & El Paso Health Giveback (HMO)



This formulary was updated on 01/01/2027.

For more recent information or other questions, please contact us, El Paso Health Medicare Advantage Dual (HMO D-SNP) Member Services, at 1-833-742-3125 or, 1-833-742-2121 for El Paso Health Total (HMO) & El Paso Health Giveback (HMO) or, for TTY users, 711, from October 1 to March 31, 8:00 am to 8:00 pm Mountain Time (MT), 7 days a week and April 1 through September 30, Monday through Friday, 8:00 am to 8:00 pm MT, or visit ephmedicare.com.

**El Paso Health Medicare Advantage
2027 Comprehensive Formulary
List of Covered Drugs for
El Paso Health Medicare Advantage Dual (HMO D-SNP)
El Paso Health Total (HMO)
El Paso Health Giveback (HMO)**

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

Formulary 00026177, Version 6

This document includes a list of the drugs (formulary) for our plans which is current as of 01/01/2027. 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 co-payments/coinsurance may change on January 1, 2028, and from time to time during the year.

What is a Formulary?

A formulary is a list of covered drugs selected by El Paso Health Medicare Advantage 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. El Paso Health Medicare Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an El Paso Health Medicare Advantage 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 Medicare rules to make 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 El Paso Health Medicare Advantage 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 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, 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 El Paso Health Medicare Advantage 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 2026 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.

The enclosed formulary is current as of January 1, 2027. To get updated information about the drugs covered by El Paso Health Medicare Advantage, please contact us. Our contact information appears on the front and back cover pages. When changes are made to the printed formulary, El Paso Health Medicare Advantage will send updated formulary sheets for affected drugs by mail, and will post updates to the website at ephmedicare.com.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 9. 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 9. 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 90. 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?

El Paso Health Medicare Advantage 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:** El Paso Health Medicare Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from El Paso Health Medicare Advantage before you fill your prescriptions. If you don't get approval, El Paso Health Medicare Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, El Paso Health Medicare Advantage limits the amount of the drug that we will cover. For example, El Paso Health Medicare Advantage

provides 120 units per prescription for morphine sulfate 15mg ER tablets. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, El Paso Health Medicare Advantage requires 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, El Paso Health Medicare Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, El Paso Health Medicare Advantage Dual 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 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line a document that explain our prior authorization restriction or 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 El Paso Health Medicare Advantage 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 El Paso Health Medicare Advantage formulary?” on page 5 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 Member Services and ask if your drug is covered.

If you learn that El Paso Health Medicare Advantage does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by El Paso Health Medicare Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by El Paso Health Medicare Advantage.
- You can ask El Paso Health Medicare Advantage to make an exception and cover your drug. See below for information about how to request an exception.

Generally, El Paso Health Medicare Advantage will only approve your request for an exception if the alternative drugs included on the plan’s formulary 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, or utilization restriction exception. **When you request a formulary 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.

Level of Care

El Paso Health Medicare Advantage transition process provides for other circumstances that exist in which unplanned transitions for current members could arise and in which prescribed drug regimens may not be on our formulary. These circumstances usually involve the level of care changes for a member that is changing from one treatment setting to another, such as:

1. Members who enter Long Term Care (LTC) facilities from hospitals with a discharge list of medications from the hospital formulary with very short-term planning considered (i.e. under 8 hours).
2. Members who are discharged from a hospital to a home with very short-term planning are considered.
3. Members who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert to their Part D plan formulary.

4. Members who give up hospice status to revert to standard Medicare Part A and B benefits.
5. Members who end an LTC facility stay and return to the community.
6. Members who are discharged from psychiatric hospitals with drug regimens that are highly individualized.
7. The foregoing circumstances often result in members and/or providers utilizing El Paso Health Medicare Advantage exceptions and/or appeals processes. For these unplanned transitions, El Paso Health Medicare Advantage makes coverage determinations and re-determinations as expeditiously as the member's health condition requires.
8. El Paso Health Medicare Advantage transition process ensures appropriate medication reconciliation for member upon discharge from LTC facilities or other facilities, so that an effective transition of care can be accomplished.
 - a. The current standard of care promotes caregivers receiving outpatient Part D prescriptions in advance of discharge from a Part A stay. Members, through no fault of their own, may not have access to the remainder of the previously dispensed prescription.
 - b. El Paso Health Medicare Advantage process allows the member to access a refill upon admission to, or discharge from, an LTC facility.
9. El Paso Health Medicare Advantage uses claims data to determine if the member has experienced a level of care change and allows a transition fill where applicable. When claims data cannot be used to determine a level of care change, a pharmacy may need to call Navitus Member Services to process a point-of-sale override in order to effectuate this type of transition fill.

For more Information

For more detailed information about your El Paso Health Medicare Advantage prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about El Paso Health Medicare Advantage Plan, 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 1-800MEDICARE (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>.

El Paso Health Medicare Advantage Formulary

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

in the Requirements/Limits column tells you if El Paso Health Medicare Advantage has any special requirements for coverage of your drug.

You can find information on what the symbols and abbreviations on this table mean below:

- **First Fill Limited to one-month supply (FF):** You may be able to receive greater than a 1-month supply of most of the drugs on your Formulary. Drugs noted with “FF” are limited to a 1-month supply for both Retail and Mail Order on your first fill only. After the first fill, an extended day supply would be available.
- **Limited Distribution (LD):** The symbol “LD” next to a drug name indicates that the drug has been noted as being restricted to certain pharmacies by the Food and Drug Administration. These drugs can only be obtained at specialty designated pharmacies able to appropriately handle the drugs.
- **Non-Extended Day Supply (NDS):** You may be able to receive greater than a 1-month supply of most of the drugs on your Formulary via mail order at a reduced cost share. Drugs noted with “NDS” are limited to a 1-month supply for both Retail and Mail Order.
- **Prior Authorization (PA):** Navitus MedicareRx (PDP) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from the plan before you fill your prescriptions. If you don’t get approval, El Paso Health Medicare Advantage may not cover the drug.
- **Prior Authorization Restriction for Part B vs Part D Determination (PA_BvD):** This drug may be eligible for payment under Medicare Part B or Part D. You or your physician are required to get prior authorization from El Paso Health Medicare Advantage to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, El Paso Health Medicare Advantage may not cover this drug.
- **Prior Authorization Restriction for New Starts Only (PA_NSO):** If this drug is new to the member, you or your physician are required to get prior authorization from El Paso Health Medicare Advantage before you fill your prescription for this drug. Without prior approval, El Paso Health Medicare Advantage may not cover this drug.
- **Quantity Limits (QL):** For certain drugs, El Paso Health Medicare Advantage limits the amount of the drug that El Paso Health Medicare Advantage will cover. This could include a: per fill, daily, monthly, or yearly limitation.

- **Step Therapy (ST):** In some cases, El Paso Health Medicare Advantage requires 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, El Paso Health Medicare Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, El Paso Health Medicare Advantage will then cover Drug B.
- **Step Therapy for New Starts Only (ST_NSO):** If this drug is new to the member, you are required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you.

El Paso Health Medicare Advantage Dual (HMO D-SNP) call 1-833-742-3125 (TTY 711).

El Paso Health Total (HMO) & El Paso Health Giveback (HMO) call 1-833-742-2121 (TTY 711).

El Paso Health Medicare Advantage is an HMO with Prescription Drug Coverage and contract with Medicare. Enrollment in El Paso Health Medicare Advantage depends on contract renewal.



For more information:

Call 1-833-742-3125

El Paso Health Medicare Advantage Dual (HMO-D-SNP)

1-833-742-2121

El Paso Health Total (HMO) or El Paso Health Giveback (HMO)

TTY users call 711

or visit us at
ephmedicare.com