

## **Kidney Medicare Drugs Awareness and Education Initiative Compare Prescription Drug Plans Packet**

To Whom It May Concern:

Enclosed please find a 52-page packet of tools to help you search for the Medicare prescription drug plans that cover drugs that people with kidney disease commonly take. In this packet you will find:

- Review of 25 Drugs on Prescription Drug Plans (2 pages)
- Compare Medicare Prescription Drug Plans: A Step-by-Step Guide for Using the Medicare Drug Plan Finder (1 page)
- Search for 25 Drugs on National Prescription Drug Plans (By Plan) (24 pages)
- Search for 25 Drugs on National Prescription Drug Plans (By Drug) (24 pages)

This packet is intended as a starting point, not an ending point, in your search for the best plan for you, your loved one, or patients in your care. It may also help you decide if joining a Part D plan is the best course of action in your unique situation. Because people with kidney disease may need different drugs from the ones we used in our search, we hope that the tools we share will help you take the next steps in choosing a plan or switching plans. Because many Medicare beneficiaries may not need to join a Part D plan, this packet should be considered in conjunction with other tools on the Initiative's website.

If you like this packet or anything else on our website, please send us an email with "Kudo" in the subject line and your comments in the message body. If you have suggestions, please send us an email with "Suggestion" in the subject line and your ideas in the message body. Our email address is [info@kidneydrugcoverage.org](mailto:info@kidneydrugcoverage.org). We look forward to hearing from you!

Sincerely,

Kidney Medicare Drugs Awareness and Education Initiative  
c/o National Kidney Foundation, Inc.  
30 E. 33<sup>rd</sup> Street  
New York, NY 10016  
(212) 889-2210 or (800) 622-9010  
[www.kidneydrugcoverage.org](http://www.kidneydrugcoverage.org)

# Kidney Medicare Drugs Awareness and Education Initiative

## Review of 25 Drugs on Prescription Drug Plans

### **Why did you review coverage of drugs in plans?**

We wanted to show how professionals and patients might assess plans for drugs people with kidney disease often take. We are not recommending any specific plan(s). Comparing plans for any individual should start with a list of that person's drugs, dosages, and quantity plus, whenever possible, other drugs he or she might need due to changes in health or treatment.

### **How did you choose the 25 drugs you reviewed?**

We sought advice from Wendy St. Peter, PharmD, Associate Professor, University of Minnesota College of Pharmacy, member of the ESRD Network 8 Outpatient Medications Project technical advisory panel, and member of the initiative's technical workgroup. Starting with the MedStat database of commonly prescribed drugs, we added and deleted drugs based on kidney community concerns. We did not look for generic or short-term use drugs and limited our search to 25 drugs because of constraints of the database we used. The drugs we searched for may or may not be the most important drugs for an individual patient.

### **What plans did you review and when?**

We initially reviewed national Medicare Prescription Drug Plans (PDPs) on November 16, 2005. We believed the national plans would be typical of all plans. We will continue to update this analysis periodically to reflect any changes in formulary status for the 25 drugs as they appear on the national plans.

### **How did you review these 25 drugs on national plans?**

We used the Medicare Prescription Drug Plan Finder at [www.medicare.gov](http://www.medicare.gov). We did a general search, entered the names of the 25 drugs, and chose the common dosage. Our chart includes:

- Which of the 25 drugs the plan covers ("on formulary"). Plans can add or remove drugs from formularies with Medicare approval. It is important to check plans often for changes.
- If the plan uses tiers, what tier the drug is on (different co-payment or coinsurance amounts). Generally, drugs at Tier 1 are generics, drugs at Tier 2 are preferred formulary drugs, drugs at Tier 3 are non-preferred formulary drugs, and drugs at Tier 4 are specialty drugs. The higher the number of the tier, usually the more costly the out-of-pocket will be to the enrollee.  
*NOTE:* Tier status does not affect co-pays for those who get extra help. However, the co-pay for a brand name drug is higher than for a generic for those who get extra help. Plans can change what tier drugs are on with Medicare approval. It is important to check plans often for changes.
- Whether prior authorization (medical justification) is required to get coverage.
- Whether there is a quantity limit to how much of a drug can be dispensed for a period of time.
- Whether step therapy (try less costly drugs first) is required to get coverage.

**What should be done if other drugs are required or additional information is needed about plan and drug costs and participating pharmacies?**

Use the Medicare Prescription Drug Plan Finder at [www.medicare.gov](http://www.medicare.gov) or call the Medicare Helpline at 1-800-MEDICARE. Answer 5 personal questions to learn options for plans and costs. We searched for Prescription Drug Plans, but people on Medicare who have a Medicare Advantage plan now should look at Medicare Advantage Prescription Drug Plans (MA-PDs).

*NOTE:* Those who have Medicare Advantage plans and are on dialysis should look at MA-PDs sold by the same company that administers their MA plan. Enter drugs, dosages, and quantities per month to compare costs. A search can be limited by premiums, deductibles, and pharmacies. Search for plans in your area. Compare up to three plans at a time. Those who travel might want to choose a national plan or one that offers mail order. Otherwise, compare costs, coverage, and convenience of either national or local plans that cover the drugs needed now or in the future.

Visit other pages on our website at [www.kidneydrugcoverage.org](http://www.kidneydrugcoverage.org).

## Compare Medicare Prescription Drug Plans: A Step-by-Step Guide for Using the Medicare Drug Plan Finder

- Type [www.medicare.gov](http://www.medicare.gov) in your browser's address line.
- Click on "Compare Medicare Prescription Drug Plans" to compare plans.
- Click on "Find a Medicare Prescription Drug Plan" (the first red arrow).
  - Choose "Personalized plan search" to learn about costs based on your 5 answers; or
  - Click on "General Search" to learn basic facts about plans in your zip code area based on your current prescription drug coverage (check boxes) and whether you are eligible for or get extra help. Click "Continue."
- Click "Choose a Drug Plan Type."
- Under "C", click on "Search for Medicare Prescription Drug Plans." [If you're on dialysis and currently enrolled in a Medicare Advantage plan or not on dialysis, you can "Search for Medicare Advantage Plans."]
- The top of the next page will tell you how many plan options you have. Click on "View Plan List" OR "Enter My Medications." You can limit your search to what you can afford and the pharmacy you use. Setting limits may keep you from seeing plans that cover more drugs.

View Plan List (shows plans)	Enter Your Medications (shows costs)
<ul style="list-style-type: none"> <li>• Go to the bottom of the list where it says "View" and select "All" to see all the plans on one screen.</li> <li>• Choose a plan from the list. You will see a pop-up box with plan information.</li> <li>• Click on "View Plan Formulary."</li> <li>• Select a state from the drop-down menu and click "Continue."</li> <li>• Type in up to 25 drugs one at a time and click on "Search for drug." The program will list your drug or a drug with a similar name. Read these carefully. Your drug may not be on the formulary. After typing your drugs into the drug list click "Continue with Selected Drugs."</li> <li>• Click to "Change/Update" or "Continue with Common Dosage." If you choose "Change/Update," use the drop-down menu to select the dosage and number you take for each drug.</li> <li>• The next page gives you two tables of plans. The first lists plans that have all your drugs on formulary. The second has some of your drugs (see percentage).</li> <li>• Click on a plan name to see the tier for each drug and if prior authorization, quantity limits or step therapy is required.</li> </ul>	<ul style="list-style-type: none"> <li>• Click on "Enter My Medications."</li> <li>• Type in up to 25 drugs one at a time and click on "Search for drug." The program will list your drug or a drug with a similar name. Read these carefully. Your drug may not be on the formulary. After typing your drugs into the drug list click "Continue with Selected Drugs."</li> <li>• Click to "Change/Update" or "Continue with Common Dosage." You can choose "Select My Preferred Pharmacy" or "View Plan List."</li> <li>• On the list of plans, go to the bottom where it says "View" and select "All" to see all the plans on one screen.</li> <li>• Click on any plan name to see the tier for each drug. This does not tell you if prior authorization, quantity limits or step therapy is required.</li> <li>• You may choose to see up to three plans side-by side to compare costs for the plan and drug coverage during each stage over the year.</li> <li>• Drugs that are "Not Covered" will add to your out of pocket costs. If you have Medicaid, Medicaid may pay for some "Not Covered" drugs.</li> </ul>

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Percent of 25 Drugs Covered	Actos		Avandia		Catapres-TTS-3		CellCept	
		On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
Percent of 45 Plans That Cover Drug		100% (45/45)		100% (45/45)		82% (37/45)		93% (42/45)	
<b>Aetna</b>									
Aetna Medicare Rx Essentials	100% (25/25)	Yes	2	Yes	2	Yes	3	Yes	2*
Aetna Medicare Rx Plus	100% (25/25)	Yes	2	Yes	2	Yes	3	Yes	2*
Aetna Medicare Rx Premier	100% (25/25)	Yes	2	Yes	2	Yes	3	Yes	2*
<b>Cigna</b>									
Cigna Medicare Rx Plan One	80% (20/25)	Yes	2^	Yes	2^	No	n/a	Yes	4
Cigna Medicare Rx Plan Two	84% (21/25)	Yes	2^	Yes	2^	Yes	3	Yes	4
Cigna Medicare Rx Plan Three	84% (21/25)	Yes	2^	Yes	2^	Yes	3	Yes	4
<b>Coventry</b>									
AdvantraRx Value	76% (19/25)	Yes	2^‡	Yes	2‡	No	4	No	n/a
AdvantraRx Premier	80% (20/25)	Yes	2^‡	Yes	2‡	Yes	3^	No	n/a
AdvantraRx Premier Plus	80% (20/25)	Yes	2^‡	Yes	2‡	Yes	3^	No	n/a
<b>EnvisionRx Plus</b>									
EnvisionRx Plus Standard	76% (19/25)	Yes	3	Yes	3	Yes	4	Yes	3
EnvisionRx Plus Gold	76% (19/25)	Yes	3	Yes	3	Yes	4	Yes	3

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Coreg		Cozaar		Diovan		Fosrenol		Ganciclovir	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Percent of 45 Plans That Cover Drug</b>	<b>100% (45/45)</b>		<b>82% (37/45)</b>		<b>98% (44/45)</b>		<b>91% (41/45)</b>		<b>89% (40/45)</b>	
<b>Aetna</b>										
<b>Aetna Medicare Rx Essentials</b>	Yes	2	Yes	2 <sup>^</sup>	Yes	2 <sup>^</sup>	Yes	2	Yes	1
<b>Aetna Medicare Rx Plus</b>	Yes	2	Yes	2 <sup>^</sup>	Yes	2 <sup>^</sup>	Yes	2	Yes	1
<b>Aetna Medicare Rx Premier</b>	Yes	2	Yes	2 <sup>^</sup>	Yes	2 <sup>^</sup>	Yes	2	Yes	1
<b>Cigna</b>										
<b>Cigna Medicare Rx Plan One</b>	Yes	3	Yes	2 <sup>^</sup>	Yes	2 <sup>^</sup>	Yes	2	Yes	4
<b>Cigna Medicare Rx Plan Two</b>	Yes	3	Yes	2 <sup>^</sup>	Yes	2 <sup>^</sup>	Yes	2	Yes	4
<b>Cigna Medicare Rx Plan Three</b>	Yes	3	Yes	2 <sup>^</sup>	Yes	2 <sup>^</sup>	Yes	2	Yes	4
<b>Coventry</b>										
<b>AdvantraRx Value</b>	Yes	2 <sup>^</sup>	Yes	3 <sup>^</sup>	Yes	3 <sup>^</sup>	Yes	3 <sup>^</sup> ‡	Yes	1
<b>AdvantraRx Premier</b>	Yes	2 <sup>^</sup>	Yes	3 <sup>^</sup>	Yes	3 <sup>^</sup>	Yes	3 <sup>^</sup> ‡	Yes	1
<b>AdvantraRx Premier Plus</b>	Yes	2 <sup>^</sup>	Yes	3 <sup>^</sup>	Yes	3 <sup>^</sup>	Yes	3 <sup>^</sup> ‡	Yes	1
<b>EnvisionRx Plus</b>										
<b>EnvisionRx Plus Standard</b>	Yes	3	No	n/a	Yes	3	Yes	4	Yes	1
<b>EnvisionRx Plus Gold</b>	Yes	3	No	n/a	Yes	3	Yes	4	Yes	1

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
<sup>^</sup> Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Hectorol		Lipitor		Neoral		Neurontin		Norvasc	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Percent of 45 Plans That Cover Drug</b>	<b>98% (44/45)</b>		<b>91% (41/45)</b>		<b>69% (31/45)</b>		<b>33% (15/45)</b>		<b>44% (20/45)</b>	
<b>Aetna</b>										
<b>Aetna Medicare Rx Essentials</b>	Yes	2	Yes	2 <sup>^</sup>	Yes	3 <sup>*</sup>	Yes	3 <sup>^</sup>	Yes	3 <sup>‡</sup>
<b>Aetna Medicare Rx Plus</b>	Yes	2	Yes	2 <sup>^</sup>	Yes	3 <sup>*</sup>	Yes	3 <sup>^</sup>	Yes	3 <sup>‡</sup>
<b>Aetna Medicare Rx Premier</b>	Yes	2	Yes	2 <sup>^</sup>	Yes	3 <sup>*</sup>	Yes	3 <sup>^</sup>	Yes	3 <sup>‡</sup>
<b>Cigna</b>										
<b>Cigna Medicare Rx Plan One</b>	Yes	2	Yes	3 <sup>^‡</sup>	Yes	3	No	n/a	No	n/a
<b>Cigna Medicare Rx Plan Two</b>	Yes	2	Yes	3 <sup>^‡</sup>	Yes	3	No	n/a	No	n/a
<b>Cigna Medicare Rx Plan Three</b>	Yes	2	Yes	3 <sup>^‡</sup>	Yes	3	No	n/a	No	n/a
<b>Coventry</b>										
<b>AdvantraRx Value</b>	Yes	2 <sup>**</sup>	Yes	3 <sup>^</sup>	No	n/a	No	n/a	Yes	3 <sup>^</sup>
<b>AdvantraRx Premier</b>	Yes	2 <sup>**</sup>	Yes	3 <sup>^</sup>	No	n/a	No	n/a	Yes	3 <sup>^</sup>
<b>AdvantraRx Premier Plus</b>	Yes	2 <sup>**</sup>	Yes	3 <sup>^</sup>	No	n/a	No	n/a	Yes	3 <sup>^</sup>
<b>EnvisionRx Plus</b>										
<b>EnvisionRx Plus Standard</b>	Yes	4	Yes	3	No	n/a	No	n/a	No	n/a
<b>EnvisionRx Plus Gold</b>	Yes	4	Yes	3	No	n/a	No	n/a	No	n/a

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
<sup>^</sup> Quantity limits  
<sup>‡</sup> Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Phoslo		Plavix		Pravachol		Prograf		Rapamune	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Percent of 45 Plans That Cover Drug</b>	<b>100% (45/45)</b>		<b>100% (45/45)</b>		<b>33% (15/45)</b>		<b>100% (45/45)</b>		<b>100% (45/45)</b>	
<b>Aetna</b>										
<b>Aetna Medicare Rx Essentials</b>	Yes	2	Yes	3	Yes	3 <sup>^</sup> ‡	Yes	4*	Yes	3*
<b>Aetna Medicare Rx Plus</b>	Yes	2	Yes	3	Yes	3 <sup>^</sup> ‡	Yes	4*	Yes	3*
<b>Aetna Medicare Rx Premier</b>	Yes	2	Yes	3	Yes	3 <sup>^</sup> ‡	Yes	4*	Yes	3*
<b>Cigna</b>										
<b>Cigna Medicare Rx Plan One</b>	Yes	2	Yes	2	No	n/a	Yes	4	Yes	3
<b>Cigna Medicare Rx Plan Two</b>	Yes	2	Yes	2	No	n/a	Yes	4	Yes	3
<b>Cigna Medicare Rx Plan Three</b>	Yes	2	Yes	2	No	n/a	Yes	4	Yes	3
<b>Coventry</b>										
<b>AdvantraRx Value</b>	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	4*	Yes	3*
<b>AdvantraRx Premier</b>	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	4*	Yes	3*
<b>AdvantraRx Premier Plus</b>	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	4*	Yes	3*
<b>EnvisionRx Plus</b>										
<b>EnvisionRx Plus Standard</b>	Yes	3	Yes	3	No	n/a	Yes	4	Yes	3
<b>EnvisionRx Plus Gold</b>	Yes	3	Yes	3	No	n/a	Yes	4	Yes	3

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
<sup>^</sup> Quantity limits  
<sup>‡</sup> Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Renagel		Sensipar		Toprol XL		Valcyte		Zemplar	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Percent of 45 Plans That Cover Drug</b>	<b>96% (43/45)</b>		<b>100% (45/45)</b>		<b>91% (41/45)</b>		<b>100% (45/45)</b>		<b>82% (37/45)</b>	
<b>Aetna</b>										
<b>Aetna Medicare Rx Essentials</b>	Yes	2	Yes	2	Yes	2	Yes	3	Yes	2
<b>Aetna Medicare Rx Plus</b>	Yes	2	Yes	2	Yes	2	Yes	3	Yes	2
<b>Aetna Medicare Rx Premier</b>	Yes	2	Yes	2	Yes	2	Yes	3	Yes	2
<b>Cigna</b>										
<b>Cigna Medicare Rx Plan One</b>	Yes	2	Yes	4	Yes	2	Yes	4	Yes	2
<b>Cigna Medicare Rx Plan Two</b>	Yes	2	Yes	4	Yes	2	Yes	4	Yes	2
<b>Cigna Medicare Rx Plan Three</b>	Yes	2	Yes	4	Yes	2	Yes	4	Yes	2
<b>Coventry</b>										
<b>AdvantraRx Value</b>	Yes	3	Yes	4 <sup>^</sup> ‡	Yes	2 <sup>^</sup>	Yes	4	Yes	2 <sup>*^</sup>
<b>AdvantraRx Premier</b>	Yes	3	Yes	4 <sup>^</sup> ‡	Yes	2 <sup>^</sup>	Yes	4	Yes	2 <sup>*^</sup>
<b>AdvantraRx Premier Plus</b>	Yes	3	Yes	4 <sup>^</sup> ‡	Yes	2 <sup>^</sup>	Yes	4	Yes	2 <sup>*^</sup>
<b>EnvisionRx Plus</b>										
<b>EnvisionRx Plus Standard</b>	Yes	4	Yes	4	Yes	3	Yes	3	Yes	4
<b>EnvisionRx Plus Gold</b>	Yes	4	Yes	4	Yes	3	Yes	3	Yes	4

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
<sup>^</sup> Quantity limits  
<sup>‡</sup> Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Zocor	
	On Formulary?	Tier
Percent of 45 Plans That Cover Drug	33% (15/45)	
<b>Aetna</b>		
Aetna Medicare Rx Essentials	Yes	3 <sup>^</sup> ‡
Aetna Medicare Rx Plus	Yes	3 <sup>^</sup> ‡
Aetna Medicare Rx Premier	Yes	3 <sup>^</sup> ‡
<b>Cigna</b>		
Cigna Medicare Rx Plan One	No	n/a
Cigna Medicare Rx Plan Two	No	n/a
Cigna Medicare Rx Plan Three	No	n/a
<b>Coventry</b>		
AdvantraRx Value	No	n/a
AdvantraRx Premier	No	n/a
AdvantraRx Premier Plus	No	n/a
<b>EnvisionRx Plus</b>		
EnvisionRx Plus Standard	No	n/a
EnvisionRx Plus Gold	No	n/a

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
<sup>^</sup> Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Percent of 25 Drugs Covered	Actos		Avandia		Catapres-TTS-3		CellCept	
		On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Health Net</b>									
Health Net Orange Option 1	80% (20/25)	Yes	2	Yes	2	No	n/a	Yes	2*
Health Net Orange Option 2	100% (25/25)	Yes	2	Yes	2	Yes	3^	Yes	2
<b>Humana</b>									
Humana PDP Standard	100% (25/25)	Yes	2^	Yes	2^	Yes	3^	Yes	2
Humana PDP Enhanced	100% (25/25)	Yes	2^	Yes	2^	Yes	3^	Yes	2
Humana PDP Complete	100% (25/25)	Yes	2^	Yes	2^	Yes	3^	Yes	2
<b>Medco</b>									
Medco Value Plan	72% (18/25)	Yes	2^	Yes	2^	Yes	2	Yes	2*
Medco Choice Plan	76% (19/25)	Yes	2^	Yes	2^	Yes	2	Yes	2*
Medco Access Plan	76% (19/25)	Yes	2^	Yes	2^	Yes	2	Yes	2*
<b>MemberHealth</b>									
CommunityCare Rx Basic	84% (21/25)	Yes	2^	Yes	3^‡	Yes	3	Yes	2*
CommunityCare Rx Choice	84% (21/25)	Yes	2^	Yes	3^‡	Yes	3	Yes	4*
CommunityCare Rx Gold	84% (21/25)	Yes	2^	Yes	3^‡	Yes	3	Yes	4*
<b>NewQuest Health Solutions</b>									
HealthSpring Prescription Drug Plan	72% (18/25)	Yes	3	Yes	3	Yes	3	Yes	4*
<b>RXAmerica/Longs Drug Stores</b>									
Advantage Star Plan	80% (20/25)	Yes	2	Yes	2	Yes	2	Yes	2*
Advantage Freedom Plan	80% (20/25)	Yes	2	Yes	2	Yes	2	Yes	2*
Advantage Allegiance Plan	80% (20/25)	Yes	2	Yes	2	Yes	2	Yes	2*

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

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Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Coreg		Cozaar		Diovan		Fosrenol		Ganciclovir	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Health Net</b>										
Health Net Orange Option 1	Yes	2	No	n/a	Yes	2 <sup>^</sup>	No	n/a	Yes	2
Health Net Orange Option 2	Yes	2	Yes	3 <sup>^‡</sup>	Yes	2 <sup>^</sup>	Yes	3	Yes	2
<b>Humana</b>										
Humana PDP Standard	Yes	3 <sup>*</sup>	Yes	3 <sup>^</sup>	Yes	2 <sup>^</sup>	Yes	2 <sup>‡</sup>	Yes	4
Humana PDP Enhanced	Yes	3 <sup>*</sup>	Yes	3 <sup>^</sup>	Yes	2 <sup>^</sup>	Yes	2 <sup>‡</sup>	Yes	4
Humana PDP Complete	Yes	3 <sup>*</sup>	Yes	3 <sup>^</sup>	Yes	2 <sup>^</sup>	Yes	2 <sup>‡</sup>	Yes	4
<b>Medco</b>										
Medco Value Plan	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	2	No	n/a
Medco Choice Plan	Yes	2	Yes	2 <sup>^</sup>	Yes	2 <sup>^</sup>	Yes	2	No	n/a
Medco Access Plan	Yes	2	Yes	2 <sup>^</sup>	Yes	2 <sup>^</sup>	Yes	2	No	n/a
<b>MemberHealth</b>										
CommunityCare Rx Basic	Yes	3 <sup>^</sup>	Yes	2 <sup>^‡</sup>	Yes	2 <sup>^‡</sup>	Yes	3	Yes	2
CommunityCare Rx Choice	Yes	3 <sup>^</sup>	Yes	2 <sup>^‡</sup>	Yes	2 <sup>^‡</sup>	Yes	3	Yes	4
CommunityCare Rx Gold	Yes	3 <sup>^</sup>	Yes	2 <sup>^‡</sup>	Yes	2 <sup>^‡</sup>	Yes	3	Yes	4
<b>NewQuest Health Solutions</b>										
HealthSpring Prescription Drug Plan	Yes	3	No	n/a	Yes	3	No	n/a	Yes	3
<b>RXAmerica/Longs Drug Stores</b>										
Advantage Star Plan	Yes	2	No	n/a	Yes	2	Yes	2	Yes	1
Advantage Freedom Plan	Yes	2	No	n/a	Yes	2	Yes	2	Yes	1
Advantage Allegiance Plan	Yes	2	No	n/a	Yes	2	Yes	2	Yes	1

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
<sup>^</sup> Quantity limits  
<sup>‡</sup> Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Hectorol		Lipitor		Neoral		Neurontin		Norvasc	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Health Net</b>										
<b>Health Net Orange Option 1</b>	No	n/a	Yes	2^	Yes	2*	Yes	2	Yes	2
<b>Health Net Orange Option 2</b>	Yes	3	Yes	2^	Yes	2*	Yes	2	Yes	2
<b>Humana</b>										
<b>Humana PDP Standard</b>	Yes	2	Yes	2^	Yes	3	Yes	3*^	Yes	2*^
<b>Humana PDP Enhanced</b>	Yes	2	Yes	2^	Yes	3	Yes	3*^	Yes	2*^
<b>Humana PDP Complete</b>	Yes	2	Yes	2^	Yes	3	Yes	3*^	Yes	2*^
<b>Medco</b>										
<b>Medco Value Plan</b>	Yes	2	No	n/a	Yes	2*	No	n/a	No	n/a
<b>Medco Choice Plan</b>	Yes	2	Yes	2^	Yes	2*	No	n/a	No	n/a
<b>Medco Access Plan</b>	Yes	2	Yes	2^	Yes	2*	No	n/a	No	n/a
<b>MemberHealth</b>										
<b>CommunityCare Rx Basic</b>	Yes	2‡	Yes	2^	Yes	2*	No	n/a	No	n/a
<b>CommunityCare Rx Choice</b>	Yes	2‡	Yes	2^	Yes	2*	No	n/a	No	n/a
<b>CommunityCare Rx Gold</b>	Yes	2‡	Yes	2^	Yes	2*	No	n/a	No	n/a
<b>NewQuest Health Solutions</b>										
<b>HealthSpring Prescription Drug Plan</b>	Yes	4	Yes	3^	No	n/a	No	n/a	No	n/a
<b>RXAmerica/Longs Drug Stores</b>										
<b>Advantage Star Plan</b>	Yes	2	Yes	2	Yes	2*	No	n/a	No	n/a
<b>Advantage Freedom Plan</b>	Yes	2	Yes	2	Yes	2*	No	n/a	No	n/a
<b>Advantage Allegiance Plan</b>	Yes	2	Yes	2	Yes	2*	No	n/a	No	n/a

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Phoslo		Plavix		Pravachol		Prograf		Rapamune	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Health Net</b>										
Health Net Orange Option 1	Yes	2	Yes	2	Yes	2 <sup>^</sup>	Yes	2*	Yes	2*
Health Net Orange Option 2	Yes	2	Yes	2	Yes	2 <sup>^</sup>	Yes	2*	Yes	2*
<b>Humana</b>										
Humana PDP Standard	Yes	2	Yes	2 <sup>^</sup>	Yes	3 <sup>*^</sup>	Yes	3	Yes	3
Humana PDP Enhanced	Yes	2	Yes	2 <sup>^</sup>	Yes	3 <sup>*^</sup>	Yes	3	Yes	3
Humana PDP Complete	Yes	2	Yes	2 <sup>^</sup>	Yes	3 <sup>*^</sup>	Yes	3	Yes	3
<b>Medco</b>										
Medco Value Plan	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	2*	Yes	2*
Medco Choice Plan	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	2*	Yes	2*
Medco Access Plan	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	2*	Yes	2*
<b>MemberHealth</b>										
CommunityCare Rx Basic	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	3*	Yes	3*
CommunityCare Rx Choice	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	4*	Yes	3*
CommunityCare Rx Gold	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	4*	Yes	3*
<b>NewQuest Health Solutions</b>										
HealthSpring Prescription Drug Plan	Yes	3	Yes	3	No	n/a	Yes	3*	Yes	4*
<b>RXAmerica/Longs Drug Stores</b>										
Advantage Star Plan	Yes	2	Yes	2	No	n/a	Yes	2*	Yes	2*
Advantage Freedom Plan	Yes	2	Yes	2	No	n/a	Yes	2*	Yes	2*
Advantage Allegiance Plan	Yes	2	Yes	2	No	n/a	Yes	2*	Yes	2*

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
<sup>^</sup> Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Renagel		Sensipar		Toprol XL		Valcyte		Zemplar	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Health Net</b>										
<b>Health Net Orange Option 1</b>	Yes	2*	Yes	4*	Yes	2	Yes	2*	No	n/a
<b>Health Net Orange Option 2</b>	Yes	3	Yes	5*	Yes	2	Yes	2*	Yes	3*
<b>Humana</b>										
<b>Humana PDP Standard</b>	Yes	2	Yes	4^	Yes	3^	Yes	4	Yes	3^
<b>Humana PDP Enhanced</b>	Yes	2	Yes	4^	Yes	3^	Yes	4	Yes	3^
<b>Humana PDP Complete</b>	Yes	2	Yes	4^	Yes	3^	Yes	4	Yes	3^
<b>Medco</b>										
<b>Medco Value Plan</b>	Yes	2	Yes	2*^	Yes	2	Yes	2	Yes	2
<b>Medco Choice Plan</b>	Yes	2	Yes	2*^	No	n/a	Yes	2	Yes	2
<b>Medco Access Plan</b>	Yes	2	Yes	2*^	No	n/a	Yes	2	Yes	2
<b>MemberHealth</b>										
<b>CommunityCare Rx Basic</b>	Yes	2	Yes	3	Yes	2^	Yes	3*^	Yes	3‡
<b>CommunityCare Rx Choice</b>	Yes	2	Yes	4	Yes	2^	Yes	4*^	Yes	3‡
<b>CommunityCare Rx Gold</b>	Yes	2	Yes	4	Yes	2^	Yes	4*^	Yes	3‡
<b>NewQuest Health Solutions</b>										
<b>HealthSpring Prescription Drug Plan</b>	Yes	3	Yes	6	Yes	3	Yes	6	Yes	4
<b>RXAmerica/Longs Drug Stores</b>										
<b>Advantage Star Plan</b>	Yes	2	Yes	2	Yes	2	Yes	2	Yes	2*
<b>Advantage Freedom Plan</b>	Yes	2	Yes	2	Yes	2	Yes	2	Yes	2*
<b>Advantage Allegiance Plan</b>	Yes	2	Yes	2	Yes	2	Yes	2	Yes	2*

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Zocor	
	On Formulary?	Tier
<b>Health Net</b>		
Health Net Orange Option 1	Yes	2^
Health Net Orange Option 2	Yes	2^
<b>Humana</b>		
Humana PDP Standard	Yes	3*^
Humana PDP Enhanced	Yes	3*^
Humana PDP Complete	Yes	3*^
<b>Medco</b>		
Medco Value Plan	No	n/a
Medco Choice Plan	No	n/a
Medco Access Plan	No	n/a
<b>MemberHealth</b>		
CommunityCare Rx Basic	No	n/a
CommunityCare Rx Choice	No	n/a
CommunityCare Rx Gold	No	n/a
<b>NewQuest Health Solutions</b>		
HealthSpring Prescription Drug Plan	No	n/a
<b>RXAmerica/Longs Drug Stores</b>		
Advantage Star Plan	No	n/a
Advantage Freedom Plan	No	n/a
Advantage Allegiance Plan	No	n/a

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Percent of 25 Drugs Covered	Actos		Avandia		Catapres-TTS-3		CellCept	
		On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>SilverScript (Caremark)</b>									
<b>SilverScript</b>	100% (25/25)	Yes	2	Yes	2	Yes	2	Yes	2*
<b>SilverScript Plus</b>	100% (25/25)	Yes	2	Yes	2	Yes	2	Yes	2*
<b>SilverScript Complete</b>	100% (25/25)	Yes	2	Yes	2	Yes	2	Yes	2*
<b>Sterling Insurance Group</b>									
<b>Sterling Rx</b>	100% (25/25)	Yes	2^	Yes	2^	Yes	3^	Yes	4*
<b>Sterling Rx Plus</b>	100% (25/25)	Yes	2^	Yes	2^	Yes	3^	Yes	4*
<b>Torchmark</b>									
<b>UA Medicare Part D Rx Covg - Silver Plan</b>	76% (19/25)	Yes	2^	Yes	2^	Yes	2	Yes	2*
<b>UA Medicare Part D Prescription Drug Cov</b>	76% (19/25)	Yes	2^	Yes	2^	Yes	2	Yes	2*
<b>United Healthcare</b>									
<b>AARP MedicareRx Saver</b>	80% (20/25)	Yes	2^	Yes	2^	Yes	3^	Yes	4*
<b>AARP MedicareRx Preferred</b>	100% (25/25)	Yes	2^	Yes	2^	Yes	3^	Yes	4*
<b>AARP MedicareRx Enhanced</b>	100% (25/25)	Yes	2^	Yes	2^	Yes	2^	Yes	4*
<b>UnitedHealth Rx Value</b>	72% (18/25)	Yes	2^	Yes	2^	No	n/a	Yes	4*
<b>UnitedHealth Rx Basic</b>	80% (20/25)	Yes	2^	Yes	2^	Yes	3^	Yes	4*
<b>Universal American</b>									
<b>Prescription Pathway Bronze</b>	76% (19/25)	Yes	2	Yes	2	Yes	2	Yes	2*
<b>Prescription Pathway Gold</b>	76% (19/25)	Yes	2	Yes	2	Yes	2	Yes	2*
<b>Prescription Pathway Platinum</b>	76% (19/25)	Yes	2	Yes	2	Yes	2	Yes	2*

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Coreg		Cozaar		Diovan		Fosrenol		Ganciclovir	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>SilverScript (Caremark)</b>										
<b>SilverScript</b>	Yes	2	Yes	2	Yes	2	Yes	3	Yes	1
<b>SilverScript Plus</b>	Yes	2	Yes	2	Yes	2	Yes	3	Yes	1
<b>SilverScript Complete</b>	Yes	2	Yes	2	Yes	2	Yes	3	Yes	1
<b>Sterling Insurance Group</b>										
<b>Sterling Rx</b>	Yes	2	Yes	2‡	Yes	2‡	Yes	3	Yes	4
<b>Sterling Rx Plus</b>	Yes	2	Yes	2‡	Yes	2‡	Yes	3	Yes	4
<b>Torchmark</b>										
<b>UA Medicare Part D Rx Covg - Silver Plan</b>	Yes	2	Yes	2^	Yes	2^	Yes	2	No	n/a
<b>UA Medicare Part D Prescription Drug Cov</b>	Yes	2	Yes	2^	Yes	2^	Yes	2	No	n/a
<b>United Healthcare</b>										
<b>AARP MedicareRx Saver</b>	Yes	2	Yes	3^‡	Yes	2^‡	Yes	3	Yes	4
<b>AARP MedicareRx Preferred</b>	Yes	2	Yes	3^‡	Yes	2^‡	Yes	2	Yes	4
<b>AARP MedicareRx Enhanced</b>	Yes	2	Yes	3^‡	Yes	2^‡	Yes	2	Yes	4
<b>UnitedHealth Rx Value</b>	Yes	2	No	n/a	Yes	2^‡	Yes	3	Yes	4
<b>UnitedHealth Rx Basic</b>	Yes	2	Yes	3^‡	Yes	2^‡	Yes	3	Yes	4
<b>Universal American</b>										
<b>Prescription Pathway Bronze</b>	Yes	2	Yes	2	Yes	2	Yes	2	Yes	1
<b>Prescription Pathway Gold</b>	Yes	2	Yes	2	Yes	2	Yes	2	Yes	1
<b>Prescription Pathway Platinum</b>	Yes	2	Yes	2	Yes	2	Yes	2	Yes	1

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Hectorol		Lipitor		Neoral		Neurontin		Norvasc	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>SilverScript (Caremark)</b>										
<b>SilverScript</b>	Yes	2	Yes	2	Yes	2*	Yes	3^	Yes	3
<b>SilverScript Plus</b>	Yes	2	Yes	2	Yes	2*	Yes	3^	Yes	3
<b>SilverScript Complete</b>	Yes	2	Yes	2	Yes	2*	Yes	3^	Yes	3
<b>Sterling Insurance Group</b>										
<b>Sterling Rx</b>	Yes	2	Yes	3^‡	Yes	3*	Yes	3	Yes	3‡
<b>Sterling Rx Plus</b>	Yes	2	Yes	3^‡	Yes	3*	Yes	3	Yes	3‡
<b>Torchmark</b>										
<b>UA Medicare Part D Rx Covg - Silver Plan</b>	Yes	2	Yes	2^	Yes	2*	No	n/a	No	n/a
<b>UA Medicare Part D Prescription Drug Cov</b>	Yes	2	Yes	2^	Yes	2*	No	n/a	No	n/a
<b>United Healthcare</b>										
<b>AARP MedicareRx Saver</b>	Yes	3	Yes	3	No	n/a	No	n/a	No	n/a
<b>AARP MedicareRx Preferred</b>	Yes	2	Yes	2	Yes	3*	Yes	3	Yes	3
<b>AARP MedicareRx Enhanced</b>	Yes	2	Yes	2	Yes	3*	Yes	3	Yes	3
<b>UnitedHealth Rx Value</b>	Yes	3	Yes	3	No	n/a	No	n/a	No	n/a
<b>UnitedHealth Rx Basic</b>	Yes	3	Yes	3	No	n/a	No	n/a	No	n/a
<b>Universal American</b>										
<b>Prescription Pathway Bronze</b>	Yes	2	Yes	2	No	n/a	No	n/a	No	n/a
<b>Prescription Pathway Gold</b>	Yes	2	Yes	2	No	n/a	No	n/a	No	n/a
<b>Prescription Pathway Platinum</b>	Yes	2	Yes	2	No	n/a	No	n/a	No	n/a

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Phoslo		Plavix		Pravachol		Prograf		Rapamune	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>SilverScript (Caremark)</b>										
<b>SilverScript</b>	Yes	2	Yes	2	Yes	3	Yes	2*	Yes	2*
<b>SilverScript Plus</b>	Yes	2	Yes	2	Yes	3	Yes	2*	Yes	2*
<b>SilverScript Complete</b>	Yes	2	Yes	2	Yes	3	Yes	2*	Yes	2*
<b>Sterling Insurance Group</b>										
<b>Sterling Rx</b>	Yes	2	Yes	2	Yes	3 <sup>^</sup> ‡	Yes	4*	Yes	2*
<b>Sterling Rx Plus</b>	Yes	2	Yes	2	Yes	3 <sup>^</sup> ‡	Yes	4*	Yes	2*
<b>Torchmark</b>										
<b>UA Medicare Part D Rx Covg - Silver Plan</b>	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	2*	Yes	2*
<b>UA Medicare Part D Prescription Drug Cov</b>	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	2*	Yes	2*
<b>United Healthcare</b>										
<b>AARP MedicareRx Saver</b>	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	4*	Yes	3*
<b>AARP MedicareRx Preferred</b>	Yes	2	Yes	2 <sup>^</sup>	Yes	3	Yes	4*	Yes	3*
<b>AARP MedicareRx Enhanced</b>	Yes	2	Yes	2 <sup>^</sup>	Yes	3	Yes	4*	Yes	3*
<b>UnitedHealth Rx Value</b>	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	4*	Yes	3*
<b>UnitedHealth Rx Basic</b>	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	4*	Yes	3*
<b>Universal American</b>										
<b>Prescription Pathway Bronze</b>	Yes	2	Yes	2	No	n/a	Yes	2*	Yes	2*
<b>Prescription Pathway Gold</b>	Yes	2	Yes	2	No	n/a	Yes	2*	Yes	2*
<b>Prescription Pathway Platinum</b>	Yes	2	Yes	2	No	n/a	Yes	2*	Yes	2*

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
<sup>^</sup> Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Renagel		Sensipar		Toprol XL		Valcyte		Zemplar	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>SilverScript (Caremark)</b>										
<b>SilverScript</b>	Yes	2	Yes	2	Yes	2	Yes	4	Yes	3
<b>SilverScript Plus</b>	Yes	2	Yes	2	Yes	2	Yes	4	Yes	3
<b>SilverScript Complete</b>	Yes	2	Yes	2	Yes	2	Yes	4	Yes	3
<b>Sterling Insurance Group</b>										
<b>Sterling Rx</b>	Yes	2	Yes	4	Yes	2	Yes	4	Yes	3
<b>Sterling Rx Plus</b>	Yes	2	Yes	4	Yes	2	Yes	4	Yes	3
<b>Torchmark</b>										
<b>UA Medicare Part D Rx Covg - Silver Plan</b>	Yes	2	Yes	2*^	No	n/a	Yes	2	Yes	2
<b>UA Medicare Part D Prescription Drug Cov</b>	Yes	2	Yes	2*^	No	n/a	Yes	2	Yes	2
<b>United Healthcare</b>										
<b>AARP MedicareRx Saver</b>	Yes	2	Yes	2	Yes	2	Yes	4	Yes	3‡
<b>AARP MedicareRx Preferred</b>	Yes	2	Yes	2	Yes	2	Yes	4	Yes	3
<b>AARP MedicareRx Enhanced</b>	Yes	2	Yes	2	Yes	2	Yes	4	Yes	3
<b>UnitedHealth Rx Value</b>	Yes	2	Yes	2	Yes	2	Yes	4	Yes	3
<b>UnitedHealth Rx Basic</b>	Yes	2	Yes	2	Yes	2	Yes	4	Yes	3‡
<b>Universal American</b>										
<b>Prescription Pathway Bronze</b>	Yes	2	Yes	3	Yes	2	Yes	3	No	n/a
<b>Prescription Pathway Gold</b>	Yes	2	Yes	3	Yes	2	Yes	3	No	n/a
<b>Prescription Pathway Platinum</b>	Yes	2	Yes	3	Yes	2	Yes	3	No	n/a

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Zocor	
	On Formulary?	Tier
<b>SilverScript (Caremark)</b>		
<b>SilverScript</b>	Yes	3
<b>SilverScript Plus</b>	Yes	3
<b>SilverScript Complete</b>	Yes	3
<b>Sterling Insurance Group</b>		
<b>Sterling Rx</b>	Yes	3 <sup>^</sup> ‡
<b>Sterling Rx Plus</b>	Yes	3 <sup>^</sup> ‡
<b>Torchmark</b>		
<b>UA Medicare Part D Rx Covg - Silver Plan</b>	No	n/a
<b>UA Medicare Part D Prescription Drug Cov</b>	No	n/a
<b>United Healthcare</b>		
<b>AARP MedicareRx Saver</b>	No	n/a
<b>AARP MedicareRx Preferred</b>	Yes	3
<b>AARP MedicareRx Enhanced</b>	Yes	3
<b>UnitedHealth Rx Value</b>	No	n/a
<b>UnitedHealth Rx Basic</b>	No	n/a
<b>Universal American</b>		
<b>Prescription Pathway Bronze</b>	No	n/a
<b>Prescription Pathway Gold</b>	No	n/a
<b>Prescription Pathway Platinum</b>	No	n/a

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
<sup>^</sup> Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Percent of 25 Drugs Covered	Actos		Avandia		Catapres-TTS-3		CellCept	
		On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Wellcare</b>									
<b>Wellcare Classic</b>	68% (17/25)	Yes	3	Yes	2	No	n/a	Yes	2*
<b>Wellcare Signature</b>	68% (17/25)	Yes	3	Yes	2	No	n/a	Yes	2*
<b>WellPoint</b>									
<b>Unicare MedicareRx Rewards Standard</b>	68% (17/25)	Yes	1^	Yes	1^	No	n/a	Yes	1*
<b>Unicare MedicareRx Rewards Value</b>	72% (18/25)	Yes	2^	Yes	2^	No	n/a	Yes	2*
<b>Percent of 45 Plans That Cover Drug</b>		100% (45/45)		100% (45/45)		82% (37/45)		93% (42/45)	

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Coreg		Cozaar		Diovan		Fosrenol		Ganciclovir	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Wellcare</b>										
<b>Wellcare Classic</b>	Yes	2	Yes	2	Yes	2	Yes	2	Yes	1
<b>Wellcare Signature</b>	Yes	2	Yes	2	Yes	2	Yes	2	Yes	1
<b>WellPoint</b>										
<b>Unicare MedicareRx Rewards Standard</b>	Yes	1	Yes	1	Yes	1	No	n/a	Yes	1
<b>Unicare MedicareRx Rewards Value</b>	Yes	2	Yes	2	Yes	2	No	n/a	Yes	1
<b>Percent of 45 Plans That Cover Drug</b>	100% (45/45)		82% (37/45)		98% (44/45)		91% (41/45)		89% (40/45)	

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Hectorol		Lipitor		Neoral		Neurontin		Norvasc	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Wellcare</b>										
<b>Wellcare Classic</b>	Yes	2	No	n/a	No	n/a	No	n/a	Yes	2
<b>Wellcare Signature</b>	Yes	2	No	n/a	No	n/a	No	n/a	Yes	2
<b>WellPoint</b>										
<b>Unicare MedicareRx Rewards Standard</b>	Yes	1	No	n/a	Yes	1*	No	n/a	No	n/a
<b>Unicare MedicareRx Rewards Value</b>	Yes	2	Yes	2^	Yes	2*	No	n/a	No	n/a
<b>Percent of 45 Plans That Cover Drug</b>	98% (44/45)		91% (41/45)		69% (31/45)		33% (15/45)		44% (20/45)	

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Phoslo		Plavix		Pravachol		Prograf		Rapamune	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Wellcare</b>										
<b>Wellcare Classic</b>	Yes	2	Yes	2	No	n/a	Yes	2*	Yes	2*
<b>Wellcare Signature</b>	Yes	2	Yes	2	No	n/a	Yes	2*	Yes	2*
<b>WellPoint</b>										
<b>Unicare MedicareRx Rewards Standard</b>	Yes	1	Yes	1	No	n/a	Yes	1*	Yes	1*
<b>Unicare MedicareRx Rewards Value</b>	Yes	2	Yes	2	No	n/a	Yes	2*	Yes	2*
<b>Percent of 45 Plans That Cover Drug</b>	100% (45/45)		100% (45/45)		33% (15/45)		100% (45/45)		100% (45/45)	

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Renagel		Sensipar		Toprol XL		Valcyte		Zemplar	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Wellcare</b>										
<b>Wellcare Classic</b>	No	n/a	Yes	2*	Yes	2	Yes	3*	No	n/a
<b>Wellcare Signature</b>	No	n/a	Yes	2*	Yes	2	Yes	3*	No	n/a
<b>WellPoint</b>										
<b>Unicare MedicareRx Rewards Standard</b>	Yes	1	Yes	1	Yes	1	Yes	1	No	n/a
<b>Unicare MedicareRx Rewards Value</b>	Yes	2	Yes	5	Yes	3	Yes	2	No	n/a
<b>Percent of 45 Plans That Cover Drug</b>	96% (43/45)		100% (45/45)		91% (41/45)		100% (45/45)		82% (37/45)	

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative Search for 25 Drugs on National Prescription Drug Plans (By Plan)

PDP	Zocor	
	On Formulary?	Tier
<b>Wellcare</b>		
<b>Wellcare Classic</b>	No	n/a
<b>Wellcare Signature</b>	No	n/a
<b>WellPoint</b>		
<b>Unicare MedicareRx Rewards Standard</b>	No	n/a
<b>Unicare MedicareRx Rewards Value</b>	No	n/a
<b>Percent of 45 Plans That Cover Drug</b>	<b>33% (15/45)</b>	

Tier 1 Generic/Preferred  
 Tier 2 Brand and Preferred  
 Tier 3 Non-preferred Brand  
 Tier 4 Specialty

\* Prior authorization  
 ^ Quantity limits  
 ‡ Step therapy

Search plans for coverage.  
 Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Percent of 25 Drugs Covered	Actos		Avandia		Catapres-TTS-3		CellCept	
		On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
Percent of 45 Plans That Cover Drug		100% (45/45)		100% (45/45)		82% (37/45)		93% (42/45)	
<b>Aetna</b>									
Aetna Medicare Rx Essentials	100% (25/25)	Yes	2	Yes	2	Yes	3	Yes	2*
Aetna Medicare Rx Plus	100% (25/25)	Yes	2	Yes	2	Yes	3	Yes	2*
Aetna Medicare Rx Premier	100% (25/25)	Yes	2	Yes	2	Yes	3	Yes	2*
<b>Cigna</b>									
Cigna Medicare Rx Plan One	80% (20/25)	Yes	2^	Yes	2^	No	n/a	Yes	4
Cigna Medicare Rx Plan Two	84% (21/25)	Yes	2^	Yes	2^	Yes	3	Yes	4
Cigna Medicare Rx Plan Three	84% (21/25)	Yes	2^	Yes	2^	Yes	3	Yes	4
<b>Coventry</b>									
AdvantraRx Value	76% (19/25)	Yes	2^‡	Yes	2‡	No	4	No	n/a
AdvantraRx Premier	80% (20/25)	Yes	2^‡	Yes	2‡	Yes	3^	No	n/a
AdvantraRx Premier Plus	80% (20/25)	Yes	2^‡	Yes	2‡	Yes	3^	No	n/a
<b>EnvisionRx Plus</b>									
EnvisionRx Plus Standard	76% (19/25)	Yes	3	Yes	3	Yes	4	Yes	3
EnvisionRx Plus Gold	76% (19/25)	Yes	3	Yes	3	Yes	4	Yes	3

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Percent of 25 Drugs Covered	Actos		Avandia		Catapres-TTS-3		CellCept	
		On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Health Net</b>									
Health Net Orange Option 1	80% (20/25)	Yes	2	Yes	2	No	n/a	Yes	2*
Health Net Orange Option 2	100% (25/25)	Yes	2	Yes	2	Yes	3^	Yes	2
<b>Humana</b>									
Humana PDP Standard	100% (25/25)	Yes	2^	Yes	2^	Yes	3^	Yes	2
Humana PDP Enhanced	100% (25/25)	Yes	2^	Yes	2^	Yes	3^	Yes	2
Humana PDP Complete	100% (25/25)	Yes	2^	Yes	2^	Yes	3^	Yes	2
<b>Medco</b>									
Medco Value Plan	72% (18/25)	Yes	2^	Yes	2^	Yes	2	Yes	2*
Medco Choice Plan	76% (19/25)	Yes	2^	Yes	2^	Yes	2	Yes	2*
Medco Access Plan	76% (19/25)	Yes	2^	Yes	2^	Yes	2	Yes	2*
<b>MemberHealth</b>									
CommunityCare Rx Basic	84% (21/25)	Yes	2^	Yes	3^‡	Yes	3	Yes	2*
CommunityCare Rx Choice	84% (21/25)	Yes	2^	Yes	3^‡	Yes	3	Yes	4*
CommunityCare Rx Gold	84% (21/25)	Yes	2^	Yes	3^‡	Yes	3	Yes	4*
<b>NewQuest Health Solutions</b>									
HealthSpring Prescription Drug Plan	72% (18/25)	Yes	3	Yes	3	Yes	3	Yes	4*
<b>RXAmerica/Longs Drug Stores</b>									
Advantage Star Plan	80% (20/25)	Yes	2	Yes	2	Yes	2	Yes	2*
Advantage Freedom Plan	80% (20/25)	Yes	2	Yes	2	Yes	2	Yes	2*
Advantage Allegiance Plan	80% (20/25)	Yes	2	Yes	2	Yes	2	Yes	2*

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Percent of 25 Drugs Covered	Actos		Avandia		Catapres-TTS-3		CellCept	
		On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>SilverScript (Caremark)</b>									
<b>SilverScript</b>	100% (25/25)	Yes	2	Yes	2	Yes	2	Yes	2*
<b>SilverScript Plus</b>	100% (25/25)	Yes	2	Yes	2	Yes	2	Yes	2*
<b>SilverScript Complete</b>	100% (25/25)	Yes	2	Yes	2	Yes	2	Yes	2*
<b>Sterling Insurance Group</b>									
<b>Sterling Rx</b>	100% (25/25)	Yes	2^	Yes	2^	Yes	3^	Yes	4*
<b>Sterling Rx Plus</b>	100% (25/25)	Yes	2^	Yes	2^	Yes	3^	Yes	4*
<b>Torchmark</b>									
<b>UA Medicare Part D Rx Covg - Silver Plan</b>	76% (19/25)	Yes	2^	Yes	2^	Yes	2	Yes	2*
<b>UA Medicare Part D Prescription Drug Cov</b>	76% (19/25)	Yes	2^	Yes	2^	Yes	2	Yes	2*
<b>United Healthcare</b>									
<b>AARP MedicareRx Saver</b>	80% (20/25)	Yes	2^	Yes	2^	Yes	3^	Yes	4*
<b>AARP MedicareRx Preferred</b>	100% (25/25)	Yes	2^	Yes	2^	Yes	3^	Yes	4*
<b>AARP MedicareRx Enhanced</b>	100% (25/25)	Yes	2^	Yes	2^	Yes	2^	Yes	4*
<b>UnitedHealth Rx Value</b>	72% (18/25)	Yes	2^	Yes	2^	No	n/a	Yes	4*
<b>UnitedHealth Rx Basic</b>	80% (20/25)	Yes	2^	Yes	2^	Yes	3^	Yes	4*
<b>Universal American</b>									
<b>Prescription Pathway Bronze</b>	76% (19/25)	Yes	2	Yes	2	Yes	2	Yes	2*
<b>Prescription Pathway Gold</b>	76% (19/25)	Yes	2	Yes	2	Yes	2	Yes	2*
<b>Prescription Pathway Platinum</b>	76% (19/25)	Yes	2	Yes	2	Yes	2	Yes	2*

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Percent of 25 Drugs Covered	Actos		Avandia		Catapres-TTS-3		CellCept	
		On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Wellcare</b>									
<b>Wellcare Classic</b>	68% (17/25)	Yes	3	Yes	2	No	n/a	Yes	2*
<b>Wellcare Signature</b>	68% (17/25)	Yes	3	Yes	2	No	n/a	Yes	2*
<b>WellPoint</b>									
<b>Unicare MedicareRx Rewards Standard</b>	68% (17/25)	Yes	1^	Yes	1^	No	n/a	Yes	1*
<b>Unicare MedicareRx Rewards Value</b>	72% (18/25)	Yes	2^	Yes	2^	No	n/a	Yes	2*
<b>Percent of 45 Plans That Cover Drug</b>		100% (45/45)		100% (45/45)		82% (37/45)		93% (42/45)	

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Coreg		Cozaar		Diovan		Fosrenol		Ganciclovir	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Percent of 45 Plans That Cover Drug</b>	<b>100% (45/45)</b>		<b>82% (37/45)</b>		<b>98% (44/45)</b>		<b>91% (41/45)</b>		<b>89% (40/45)</b>	
<b>Aetna</b>										
<b>Aetna Medicare Rx Essentials</b>	Yes	2	Yes	2^	Yes	2^	Yes	2	Yes	1
<b>Aetna Medicare Rx Plus</b>	Yes	2	Yes	2^	Yes	2^	Yes	2	Yes	1
<b>Aetna Medicare Rx Premier</b>	Yes	2	Yes	2^	Yes	2^	Yes	2	Yes	1
<b>Cigna</b>										
<b>Cigna Medicare Rx Plan One</b>	Yes	3	Yes	2^	Yes	2^	Yes	2	Yes	4
<b>Cigna Medicare Rx Plan Two</b>	Yes	3	Yes	2^	Yes	2^	Yes	2	Yes	4
<b>Cigna Medicare Rx Plan Three</b>	Yes	3	Yes	2^	Yes	2^	Yes	2	Yes	4
<b>Coventry</b>										
<b>AdvantraRx Value</b>	Yes	2^	Yes	3^	Yes	3^	Yes	3^‡	Yes	1
<b>AdvantraRx Premier</b>	Yes	2^	Yes	3^	Yes	3^	Yes	3^‡	Yes	1
<b>AdvantraRx Premier Plus</b>	Yes	2^	Yes	3^	Yes	3^	Yes	3^‡	Yes	1
<b>EnvisionRx Plus</b>										
<b>EnvisionRx Plus Standard</b>	Yes	3	No	n/a	Yes	3	Yes	4	Yes	1
<b>EnvisionRx Plus Gold</b>	Yes	3	No	n/a	Yes	3	Yes	4	Yes	1

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Coreg		Cozaar		Diovan		Fosrenol		Ganciclovir	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Health Net</b>										
Health Net Orange Option 1	Yes	2	No	n/a	Yes	2 <sup>^</sup>	No	n/a	Yes	2
Health Net Orange Option 2	Yes	2	Yes	3 <sup>^‡</sup>	Yes	2 <sup>^</sup>	Yes	3	Yes	2
<b>Humana</b>										
Humana PDP Standard	Yes	3 <sup>*</sup>	Yes	3 <sup>^</sup>	Yes	2 <sup>^</sup>	Yes	2 <sup>‡</sup>	Yes	4
Humana PDP Enhanced	Yes	3 <sup>*</sup>	Yes	3 <sup>^</sup>	Yes	2 <sup>^</sup>	Yes	2 <sup>‡</sup>	Yes	4
Humana PDP Complete	Yes	3 <sup>*</sup>	Yes	3 <sup>^</sup>	Yes	2 <sup>^</sup>	Yes	2 <sup>‡</sup>	Yes	4
<b>Medco</b>										
Medco Value Plan	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	2	No	n/a
Medco Choice Plan	Yes	2	Yes	2 <sup>^</sup>	Yes	2 <sup>^</sup>	Yes	2	No	n/a
Medco Access Plan	Yes	2	Yes	2 <sup>^</sup>	Yes	2 <sup>^</sup>	Yes	2	No	n/a
<b>MemberHealth</b>										
CommunityCare Rx Basic	Yes	3 <sup>^</sup>	Yes	2 <sup>^‡</sup>	Yes	2 <sup>^‡</sup>	Yes	3	Yes	2
CommunityCare Rx Choice	Yes	3 <sup>^</sup>	Yes	2 <sup>^‡</sup>	Yes	2 <sup>^‡</sup>	Yes	3	Yes	4
CommunityCare Rx Gold	Yes	3 <sup>^</sup>	Yes	2 <sup>^‡</sup>	Yes	2 <sup>^‡</sup>	Yes	3	Yes	4
<b>NewQuest Health Solutions</b>										
HealthSpring Prescription Drug Plan	Yes	3	No	n/a	Yes	3	No	n/a	Yes	3
<b>RXAmerica/Longs Drug Stores</b>										
Advantage Star Plan	Yes	2	No	n/a	Yes	2	Yes	2	Yes	1
Advantage Freedom Plan	Yes	2	No	n/a	Yes	2	Yes	2	Yes	1
Advantage Allegiance Plan	Yes	2	No	n/a	Yes	2	Yes	2	Yes	1

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
<sup>^</sup> Quantity limits  
<sup>‡</sup> Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Coreg		Cozaar		Diovan		Fosrenol		Ganciclovir	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>SilverScript (Caremark)</b>										
<b>SilverScript</b>	Yes	2	Yes	2	Yes	2	Yes	3	Yes	1
<b>SilverScript Plus</b>	Yes	2	Yes	2	Yes	2	Yes	3	Yes	1
<b>SilverScript Complete</b>	Yes	2	Yes	2	Yes	2	Yes	3	Yes	1
<b>Sterling Insurance Group</b>										
<b>Sterling Rx</b>	Yes	2	Yes	2‡	Yes	2‡	Yes	3	Yes	4
<b>Sterling Rx Plus</b>	Yes	2	Yes	2‡	Yes	2‡	Yes	3	Yes	4
<b>Torchmark</b>										
<b>UA Medicare Part D Rx Covg - Silver Plan</b>	Yes	2	Yes	2^	Yes	2^	Yes	2	No	n/a
<b>UA Medicare Part D Prescription Drug Cov</b>	Yes	2	Yes	2^	Yes	2^	Yes	2	No	n/a
<b>United Healthcare</b>										
<b>AARP MedicareRx Saver</b>	Yes	2	Yes	3^‡	Yes	2^‡	Yes	3	Yes	4
<b>AARP MedicareRx Preferred</b>	Yes	2	Yes	3^‡	Yes	2^‡	Yes	2	Yes	4
<b>AARP MedicareRx Enhanced</b>	Yes	2	Yes	3^‡	Yes	2^‡	Yes	2	Yes	4
<b>UnitedHealth Rx Value</b>	Yes	2	No	n/a	Yes	2^‡	Yes	3	Yes	4
<b>UnitedHealth Rx Basic</b>	Yes	2	Yes	3^‡	Yes	2^‡	Yes	3	Yes	4
<b>Universal American</b>										
<b>Prescription Pathway Bronze</b>	Yes	2	Yes	2	Yes	2	Yes	2	Yes	1
<b>Prescription Pathway Gold</b>	Yes	2	Yes	2	Yes	2	Yes	2	Yes	1
<b>Prescription Pathway Platinum</b>	Yes	2	Yes	2	Yes	2	Yes	2	Yes	1

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Coreg		Cozaar		Diovan		Fosrenol		Ganciclovir	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Wellcare</b>										
<b>Wellcare Classic</b>	Yes	2	Yes	2	Yes	2	Yes	2	Yes	1
<b>Wellcare Signature</b>	Yes	2	Yes	2	Yes	2	Yes	2	Yes	1
<b>WellPoint</b>										
<b>Unicare MedicareRx Rewards Standard</b>	Yes	1	Yes	1	Yes	1	No	n/a	Yes	1
<b>Unicare MedicareRx Rewards Value</b>	Yes	2	Yes	2	Yes	2	No	n/a	Yes	1
<b>Percent of 45 Plans That Cover Drug</b>	100% (45/45)		82% (37/45)		98% (44/45)		91% (41/45)		89% (40/45)	

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Hectorol		Lipitor		Neoral		Neurontin		Norvasc	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Percent of 45 Plans That Cover Drug</b>	<b>98% (44/45)</b>		<b>91% (41/45)</b>		<b>69% (31/45)</b>		<b>33% (15/45)</b>		<b>44% (20/45)</b>	
<b>Aetna</b>										
<b>Aetna Medicare Rx Essentials</b>	Yes	2	Yes	2 <sup>^</sup>	Yes	3 <sup>*</sup>	Yes	3 <sup>^</sup>	Yes	3 <sup>‡</sup>
<b>Aetna Medicare Rx Plus</b>	Yes	2	Yes	2 <sup>^</sup>	Yes	3 <sup>*</sup>	Yes	3 <sup>^</sup>	Yes	3 <sup>‡</sup>
<b>Aetna Medicare Rx Premier</b>	Yes	2	Yes	2 <sup>^</sup>	Yes	3 <sup>*</sup>	Yes	3 <sup>^</sup>	Yes	3 <sup>‡</sup>
<b>Cigna</b>										
<b>Cigna Medicare Rx Plan One</b>	Yes	2	Yes	3 <sup>^‡</sup>	Yes	3	No	n/a	No	n/a
<b>Cigna Medicare Rx Plan Two</b>	Yes	2	Yes	3 <sup>^‡</sup>	Yes	3	No	n/a	No	n/a
<b>Cigna Medicare Rx Plan Three</b>	Yes	2	Yes	3 <sup>^‡</sup>	Yes	3	No	n/a	No	n/a
<b>Coventry</b>										
<b>AdvantraRx Value</b>	Yes	2 <sup>**</sup>	Yes	3 <sup>^</sup>	No	n/a	No	n/a	Yes	3 <sup>^</sup>
<b>AdvantraRx Premier</b>	Yes	2 <sup>**</sup>	Yes	3 <sup>^</sup>	No	n/a	No	n/a	Yes	3 <sup>^</sup>
<b>AdvantraRx Premier Plus</b>	Yes	2 <sup>**</sup>	Yes	3 <sup>^</sup>	No	n/a	No	n/a	Yes	3 <sup>^</sup>
<b>EnvisionRx Plus</b>										
<b>EnvisionRx Plus Standard</b>	Yes	4	Yes	3	No	n/a	No	n/a	No	n/a
<b>EnvisionRx Plus Gold</b>	Yes	4	Yes	3	No	n/a	No	n/a	No	n/a

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
<sup>^</sup> Quantity limits  
<sup>‡</sup> Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Hectorol		Lipitor		Neoral		Neurontin		Norvasc	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Health Net</b>										
<b>Health Net Orange Option 1</b>	No	n/a	Yes	2^	Yes	2*	Yes	2	Yes	2
<b>Health Net Orange Option 2</b>	Yes	3	Yes	2^	Yes	2*	Yes	2	Yes	2
<b>Humana</b>										
<b>Humana PDP Standard</b>	Yes	2	Yes	2^	Yes	3	Yes	3*^	Yes	2*^
<b>Humana PDP Enhanced</b>	Yes	2	Yes	2^	Yes	3	Yes	3*^	Yes	2*^
<b>Humana PDP Complete</b>	Yes	2	Yes	2^	Yes	3	Yes	3*^	Yes	2*^
<b>Medco</b>										
<b>Medco Value Plan</b>	Yes	2	No	n/a	Yes	2*	No	n/a	No	n/a
<b>Medco Choice Plan</b>	Yes	2	Yes	2^	Yes	2*	No	n/a	No	n/a
<b>Medco Access Plan</b>	Yes	2	Yes	2^	Yes	2*	No	n/a	No	n/a
<b>MemberHealth</b>										
<b>CommunityCare Rx Basic</b>	Yes	2‡	Yes	2^	Yes	2*	No	n/a	No	n/a
<b>CommunityCare Rx Choice</b>	Yes	2‡	Yes	2^	Yes	2*	No	n/a	No	n/a
<b>CommunityCare Rx Gold</b>	Yes	2‡	Yes	2^	Yes	2*	No	n/a	No	n/a
<b>NewQuest Health Solutions</b>										
<b>HealthSpring Prescription Drug Plan</b>	Yes	4	Yes	3^	No	n/a	No	n/a	No	n/a
<b>RXAmerica/Longs Drug Stores</b>										
<b>Advantage Star Plan</b>	Yes	2	Yes	2	Yes	2*	No	n/a	No	n/a
<b>Advantage Freedom Plan</b>	Yes	2	Yes	2	Yes	2*	No	n/a	No	n/a
<b>Advantage Allegiance Plan</b>	Yes	2	Yes	2	Yes	2*	No	n/a	No	n/a

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Hectorol		Lipitor		Neoral		Neurontin		Norvasc	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>SilverScript (Caremark)</b>										
<b>SilverScript</b>	Yes	2	Yes	2	Yes	2*	Yes	3^	Yes	3
<b>SilverScript Plus</b>	Yes	2	Yes	2	Yes	2*	Yes	3^	Yes	3
<b>SilverScript Complete</b>	Yes	2	Yes	2	Yes	2*	Yes	3^	Yes	3
<b>Sterling Insurance Group</b>										
<b>Sterling Rx</b>	Yes	2	Yes	3^‡	Yes	3*	Yes	3	Yes	3‡
<b>Sterling Rx Plus</b>	Yes	2	Yes	3^‡	Yes	3*	Yes	3	Yes	3‡
<b>Torchmark</b>										
<b>UA Medicare Part D Rx Covg - Silver Plan</b>	Yes	2	Yes	2^	Yes	2*	No	n/a	No	n/a
<b>UA Medicare Part D Prescription Drug Cov</b>	Yes	2	Yes	2^	Yes	2*	No	n/a	No	n/a
<b>United Healthcare</b>										
<b>AARP MedicareRx Saver</b>	Yes	3	Yes	3	No	n/a	No	n/a	No	n/a
<b>AARP MedicareRx Preferred</b>	Yes	2	Yes	2	Yes	3*	Yes	3	Yes	3
<b>AARP MedicareRx Enhanced</b>	Yes	2	Yes	2	Yes	3*	Yes	3	Yes	3
<b>UnitedHealth Rx Value</b>	Yes	3	Yes	3	No	n/a	No	n/a	No	n/a
<b>UnitedHealth Rx Basic</b>	Yes	3	Yes	3	No	n/a	No	n/a	No	n/a
<b>Universal American</b>										
<b>Prescription Pathway Bronze</b>	Yes	2	Yes	2	No	n/a	No	n/a	No	n/a
<b>Prescription Pathway Gold</b>	Yes	2	Yes	2	No	n/a	No	n/a	No	n/a
<b>Prescription Pathway Platinum</b>	Yes	2	Yes	2	No	n/a	No	n/a	No	n/a

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Hectorol		Lipitor		Neoral		Neurontin		Norvasc	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Wellcare</b>										
<b>Wellcare Classic</b>	Yes	2	No	n/a	No	n/a	No	n/a	Yes	2
<b>Wellcare Signature</b>	Yes	2	No	n/a	No	n/a	No	n/a	Yes	2
<b>WellPoint</b>										
<b>Unicare MedicareRx Rewards Standard</b>	Yes	1	No	n/a	Yes	1*	No	n/a	No	n/a
<b>Unicare MedicareRx Rewards Value</b>	Yes	2	Yes	2^	Yes	2*	No	n/a	No	n/a
<b>Percent of 45 Plans That Cover Drug</b>	98% (44/45)		91% (41/45)		69% (31/45)		33% (15/45)		44% (20/45)	

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Phoslo		Plavix		Pravachol		Prograf		Rapamune	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Percent of 45 Plans That Cover Drug</b>	<b>100% (45/45)</b>		<b>100% (45/45)</b>		<b>33% (15/45)</b>		<b>100% (45/45)</b>		<b>100% (45/45)</b>	
<b>Aetna</b>										
<b>Aetna Medicare Rx Essentials</b>	Yes	2	Yes	3	Yes	3 <sup>^‡</sup>	Yes	4*	Yes	3*
<b>Aetna Medicare Rx Plus</b>	Yes	2	Yes	3	Yes	3 <sup>^‡</sup>	Yes	4*	Yes	3*
<b>Aetna Medicare Rx Premier</b>	Yes	2	Yes	3	Yes	3 <sup>^‡</sup>	Yes	4*	Yes	3*
<b>Cigna</b>										
<b>Cigna Medicare Rx Plan One</b>	Yes	2	Yes	2	No	n/a	Yes	4	Yes	3
<b>Cigna Medicare Rx Plan Two</b>	Yes	2	Yes	2	No	n/a	Yes	4	Yes	3
<b>Cigna Medicare Rx Plan Three</b>	Yes	2	Yes	2	No	n/a	Yes	4	Yes	3
<b>Coventry</b>										
<b>AdvantraRx Value</b>	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	4*	Yes	3*
<b>AdvantraRx Premier</b>	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	4*	Yes	3*
<b>AdvantraRx Premier Plus</b>	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	4*	Yes	3*
<b>EnvisionRx Plus</b>										
<b>EnvisionRx Plus Standard</b>	Yes	3	Yes	3	No	n/a	Yes	4	Yes	3
<b>EnvisionRx Plus Gold</b>	Yes	3	Yes	3	No	n/a	Yes	4	Yes	3

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
<sup>^</sup> Quantity limits  
<sup>‡</sup> Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Phoslo		Plavix		Pravachol		Prograf		Rapamune	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Health Net</b>										
<b>Health Net Orange Option 1</b>	Yes	2	Yes	2	Yes	2 <sup>^</sup>	Yes	2*	Yes	2*
<b>Health Net Orange Option 2</b>	Yes	2	Yes	2	Yes	2 <sup>^</sup>	Yes	2*	Yes	2*
<b>Humana</b>										
<b>Humana PDP Standard</b>	Yes	2	Yes	2 <sup>^</sup>	Yes	3 <sup>^</sup>	Yes	3	Yes	3
<b>Humana PDP Enhanced</b>	Yes	2	Yes	2 <sup>^</sup>	Yes	3 <sup>^</sup>	Yes	3	Yes	3
<b>Humana PDP Complete</b>	Yes	2	Yes	2 <sup>^</sup>	Yes	3 <sup>^</sup>	Yes	3	Yes	3
<b>Medco</b>										
<b>Medco Value Plan</b>	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	2*	Yes	2*
<b>Medco Choice Plan</b>	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	2*	Yes	2*
<b>Medco Access Plan</b>	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	2*	Yes	2*
<b>MemberHealth</b>										
<b>CommunityCare Rx Basic</b>	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	3*	Yes	3*
<b>CommunityCare Rx Choice</b>	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	4*	Yes	3*
<b>CommunityCare Rx Gold</b>	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	4*	Yes	3*
<b>NewQuest Health Solutions</b>										
<b>HealthSpring Prescription Drug Plan</b>	Yes	3	Yes	3	No	n/a	Yes	3*	Yes	4*
<b>RXAmerica/Longs Drug Stores</b>										
<b>Advantage Star Plan</b>	Yes	2	Yes	2	No	n/a	Yes	2*	Yes	2*
<b>Advantage Freedom Plan</b>	Yes	2	Yes	2	No	n/a	Yes	2*	Yes	2*
<b>Advantage Allegiance Plan</b>	Yes	2	Yes	2	No	n/a	Yes	2*	Yes	2*

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
<sup>^</sup> Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Phoslo		Plavix		Pravachol		Prograf		Rapamune	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>SilverScript (Caremark)</b>										
<b>SilverScript</b>	Yes	2	Yes	2	Yes	3	Yes	2*	Yes	2*
<b>SilverScript Plus</b>	Yes	2	Yes	2	Yes	3	Yes	2*	Yes	2*
<b>SilverScript Complete</b>	Yes	2	Yes	2	Yes	3	Yes	2*	Yes	2*
<b>Sterling Insurance Group</b>										
<b>Sterling Rx</b>	Yes	2	Yes	2	Yes	3 <sup>^</sup> ‡	Yes	4*	Yes	2*
<b>Sterling Rx Plus</b>	Yes	2	Yes	2	Yes	3 <sup>^</sup> ‡	Yes	4*	Yes	2*
<b>Torchmark</b>										
<b>UA Medicare Part D Rx Covg - Silver Plan</b>	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	2*	Yes	2*
<b>UA Medicare Part D Prescription Drug Cov</b>	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	2*	Yes	2*
<b>United Healthcare</b>										
<b>AARP MedicareRx Saver</b>	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	4*	Yes	3*
<b>AARP MedicareRx Preferred</b>	Yes	2	Yes	2 <sup>^</sup>	Yes	3	Yes	4*	Yes	3*
<b>AARP MedicareRx Enhanced</b>	Yes	2	Yes	2 <sup>^</sup>	Yes	3	Yes	4*	Yes	3*
<b>UnitedHealth Rx Value</b>	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	4*	Yes	3*
<b>UnitedHealth Rx Basic</b>	Yes	2	Yes	2 <sup>^</sup>	No	n/a	Yes	4*	Yes	3*
<b>Universal American</b>										
<b>Prescription Pathway Bronze</b>	Yes	2	Yes	2	No	n/a	Yes	2*	Yes	2*
<b>Prescription Pathway Gold</b>	Yes	2	Yes	2	No	n/a	Yes	2*	Yes	2*
<b>Prescription Pathway Platinum</b>	Yes	2	Yes	2	No	n/a	Yes	2*	Yes	2*

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
<sup>^</sup> Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Phoslo		Plavix		Pravachol		Prograf		Rapamune	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Wellcare</b>										
<b>Wellcare Classic</b>	Yes	2	Yes	2	No	n/a	Yes	2*	Yes	2*
<b>Wellcare Signature</b>	Yes	2	Yes	2	No	n/a	Yes	2*	Yes	2*
<b>WellPoint</b>										
<b>Unicare MedicareRx Rewards Standard</b>	Yes	1	Yes	1	No	n/a	Yes	1*	Yes	1*
<b>Unicare MedicareRx Rewards Value</b>	Yes	2	Yes	2	No	n/a	Yes	2*	Yes	2*
<b>Percent of 45 Plans That Cover Drug</b>	100% (45/45)		100% (45/45)		33% (15/45)		100% (45/45)		100% (45/45)	

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Renagel		Sensipar		Toprol XL		Valcyte		Zemplar	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Percent of 45 Plans That Cover Drug</b>	<b>96% (43/45)</b>		<b>100% (45/45)</b>		<b>91% (41/45)</b>		<b>100% (45/45)</b>		<b>82% (37/45)</b>	
<b>Aetna</b>										
<b>Aetna Medicare Rx Essentials</b>	Yes	2	Yes	2	Yes	2	Yes	3	Yes	2
<b>Aetna Medicare Rx Plus</b>	Yes	2	Yes	2	Yes	2	Yes	3	Yes	2
<b>Aetna Medicare Rx Premier</b>	Yes	2	Yes	2	Yes	2	Yes	3	Yes	2
<b>Cigna</b>										
<b>Cigna Medicare Rx Plan One</b>	Yes	2	Yes	4	Yes	2	Yes	4	Yes	2
<b>Cigna Medicare Rx Plan Two</b>	Yes	2	Yes	4	Yes	2	Yes	4	Yes	2
<b>Cigna Medicare Rx Plan Three</b>	Yes	2	Yes	4	Yes	2	Yes	4	Yes	2
<b>Coventry</b>										
<b>AdvantraRx Value</b>	Yes	3	Yes	4 <sup>^</sup> ‡	Yes	2 <sup>^</sup>	Yes	4	Yes	2 <sup>*^</sup>
<b>AdvantraRx Premier</b>	Yes	3	Yes	4 <sup>^</sup> ‡	Yes	2 <sup>^</sup>	Yes	4	Yes	2 <sup>*^</sup>
<b>AdvantraRx Premier Plus</b>	Yes	3	Yes	4 <sup>^</sup> ‡	Yes	2 <sup>^</sup>	Yes	4	Yes	2 <sup>*^</sup>
<b>EnvisionRx Plus</b>										
<b>EnvisionRx Plus Standard</b>	Yes	4	Yes	4	Yes	3	Yes	3	Yes	4
<b>EnvisionRx Plus Gold</b>	Yes	4	Yes	4	Yes	3	Yes	3	Yes	4

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
<sup>^</sup> Quantity limits  
<sup>‡</sup> Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Renagel		Sensipar		Toprol XL		Valcyte		Zemplar	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Health Net</b>										
<b>Health Net Orange Option 1</b>	Yes	2*	Yes	4*	Yes	2	Yes	2*	No	n/a
<b>Health Net Orange Option 2</b>	Yes	3	Yes	5*	Yes	2	Yes	2*	Yes	3*
<b>Humana</b>										
<b>Humana PDP Standard</b>	Yes	2	Yes	4^	Yes	3^	Yes	4	Yes	3^
<b>Humana PDP Enhanced</b>	Yes	2	Yes	4^	Yes	3^	Yes	4	Yes	3^
<b>Humana PDP Complete</b>	Yes	2	Yes	4^	Yes	3^	Yes	4	Yes	3^
<b>Medco</b>										
<b>Medco Value Plan</b>	Yes	2	Yes	2*^	Yes	2	Yes	2	Yes	2
<b>Medco Choice Plan</b>	Yes	2	Yes	2*^	No	n/a	Yes	2	Yes	2
<b>Medco Access Plan</b>	Yes	2	Yes	2*^	No	n/a	Yes	2	Yes	2
<b>MemberHealth</b>										
<b>CommunityCare Rx Basic</b>	Yes	2	Yes	3	Yes	2^	Yes	3*^	Yes	3‡
<b>CommunityCare Rx Choice</b>	Yes	2	Yes	4	Yes	2^	Yes	4*^	Yes	3‡
<b>CommunityCare Rx Gold</b>	Yes	2	Yes	4	Yes	2^	Yes	4*^	Yes	3‡
<b>NewQuest Health Solutions</b>										
<b>HealthSpring Prescription Drug Plan</b>	Yes	3	Yes	6	Yes	3	Yes	6	Yes	4
<b>RXAmerica/Longs Drug Stores</b>										
<b>Advantage Star Plan</b>	Yes	2	Yes	2	Yes	2	Yes	2	Yes	2*
<b>Advantage Freedom Plan</b>	Yes	2	Yes	2	Yes	2	Yes	2	Yes	2*
<b>Advantage Allegiance Plan</b>	Yes	2	Yes	2	Yes	2	Yes	2	Yes	2*

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Renagel		Sensipar		Toprol XL		Valcyte		Zemplar	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>SilverScript (Caremark)</b>										
<b>SilverScript</b>	Yes	2	Yes	2	Yes	2	Yes	4	Yes	3
<b>SilverScript Plus</b>	Yes	2	Yes	2	Yes	2	Yes	4	Yes	3
<b>SilverScript Complete</b>	Yes	2	Yes	2	Yes	2	Yes	4	Yes	3
<b>Sterling Insurance Group</b>										
<b>Sterling Rx</b>	Yes	2	Yes	4	Yes	2	Yes	4	Yes	3
<b>Sterling Rx Plus</b>	Yes	2	Yes	4	Yes	2	Yes	4	Yes	3
<b>Torchmark</b>										
<b>UA Medicare Part D Rx Covg - Silver Plan</b>	Yes	2	Yes	2*^	No	n/a	Yes	2	Yes	2
<b>UA Medicare Part D Prescription Drug Cov</b>	Yes	2	Yes	2*^	No	n/a	Yes	2	Yes	2
<b>United Healthcare</b>										
<b>AARP MedicareRx Saver</b>	Yes	2	Yes	2	Yes	2	Yes	4	Yes	3‡
<b>AARP MedicareRx Preferred</b>	Yes	2	Yes	2	Yes	2	Yes	4	Yes	3
<b>AARP MedicareRx Enhanced</b>	Yes	2	Yes	2	Yes	2	Yes	4	Yes	3
<b>UnitedHealth Rx Value</b>	Yes	2	Yes	2	Yes	2	Yes	4	Yes	3
<b>UnitedHealth Rx Basic</b>	Yes	2	Yes	2	Yes	2	Yes	4	Yes	3‡
<b>Universal American</b>										
<b>Prescription Pathway Bronze</b>	Yes	2	Yes	3	Yes	2	Yes	3	No	n/a
<b>Prescription Pathway Gold</b>	Yes	2	Yes	3	Yes	2	Yes	3	No	n/a
<b>Prescription Pathway Platinum</b>	Yes	2	Yes	3	Yes	2	Yes	3	No	n/a

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Renagel		Sensipar		Toprol XL		Valcyte		Zemplar	
	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier	On Formulary?	Tier
<b>Wellcare</b>										
<b>Wellcare Classic</b>	No	n/a	Yes	2*	Yes	2	Yes	3*	No	n/a
<b>Wellcare Signature</b>	No	n/a	Yes	2*	Yes	2	Yes	3*	No	n/a
<b>WellPoint</b>										
<b>Unicare MedicareRx Rewards Standard</b>	Yes	1	Yes	1	Yes	1	Yes	1	No	n/a
<b>Unicare MedicareRx Rewards Value</b>	Yes	2	Yes	5	Yes	3	Yes	2	No	n/a
<b>Percent of 45 Plans That Cover Drug</b>	96% (43/45)		100% (45/45)		91% (41/45)		100% (45/45)		82% (37/45)	

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Zocor	
	On Formulary?	Tier
Percent of 45 Plans That Cover Drug	33% (15/45)	
<b>Aetna</b>		
Aetna Medicare Rx Essentials	Yes	3 <sup>^</sup> ‡
Aetna Medicare Rx Plus	Yes	3 <sup>^</sup> ‡
Aetna Medicare Rx Premier	Yes	3 <sup>^</sup> ‡
<b>Cigna</b>		
Cigna Medicare Rx Plan One	No	n/a
Cigna Medicare Rx Plan Two	No	n/a
Cigna Medicare Rx Plan Three	No	n/a
<b>Coventry</b>		
AdvantraRx Value	No	n/a
AdvantraRx Premier	No	n/a
AdvantraRx Premier Plus	No	n/a
<b>EnvisionRx Plus</b>		
EnvisionRx Plus Standard	No	n/a
EnvisionRx Plus Gold	No	n/a

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
<sup>^</sup> Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Zocor	
	On Formulary?	Tier
<b>Health Net</b>		
<b>Health Net Orange Option 1</b>	Yes	2^
<b>Health Net Orange Option 2</b>	Yes	2^
<b>Humana</b>		
<b>Humana PDP Standard</b>	Yes	3*^
<b>Humana PDP Enhanced</b>	Yes	3*^
<b>Humana PDP Complete</b>	Yes	3*^
<b>Medco</b>		
<b>Medco Value Plan</b>	No	n/a
<b>Medco Choice Plan</b>	No	n/a
<b>Medco Access Plan</b>	No	n/a
<b>MemberHealth</b>		
<b>CommunityCare Rx Basic</b>	No	n/a
<b>CommunityCare Rx Choice</b>	No	n/a
<b>CommunityCare Rx Gold</b>	No	n/a
<b>NewQuest Health Solutions</b>		
<b>HealthSpring Prescription Drug Plan</b>	No	n/a
<b>RXAmerica/Longs Drug Stores</b>		
<b>Advantage Star Plan</b>	No	n/a
<b>Advantage Freedom Plan</b>	No	n/a
<b>Advantage Allegiance Plan</b>	No	n/a

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
^ Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Zocor	
	On Formulary?	Tier
<b>SilverScript (Caremark)</b>		
<b>SilverScript</b>	Yes	3
<b>SilverScript Plus</b>	Yes	3
<b>SilverScript Complete</b>	Yes	3
<b>Sterling Insurance Group</b>		
<b>Sterling Rx</b>	Yes	3 <sup>^</sup> ‡
<b>Sterling Rx Plus</b>	Yes	3 <sup>^</sup> ‡
<b>Torchmark</b>		
<b>UA Medicare Part D Rx Covg - Silver Plan</b>	No	n/a
<b>UA Medicare Part D Prescription Drug Cov</b>	No	n/a
<b>United Healthcare</b>		
<b>AARP MedicareRx Saver</b>	No	n/a
<b>AARP MedicareRx Preferred</b>	Yes	3
<b>AARP MedicareRx Enhanced</b>	Yes	3
<b>UnitedHealth Rx Value</b>	No	n/a
<b>UnitedHealth Rx Basic</b>	No	n/a
<b>Universal American</b>		
<b>Prescription Pathway Bronze</b>	No	n/a
<b>Prescription Pathway Gold</b>	No	n/a
<b>Prescription Pathway Platinum</b>	No	n/a

Tier 1 Generic/Preferred  
Tier 2 Brand and Preferred  
Tier 3 Non-preferred Brand  
Tier 4 Specialty

\* Prior authorization  
<sup>^</sup> Quantity limits  
‡ Step therapy

Search plans for coverage.  
Request drug, tier exception.

## Kidney Medicare Drugs Awareness and Education Initiative

### Search for 25 Drugs on National Prescription Drug Plans (By Drug)

PDP	Zocor	
	On Formulary?	Tier
<b>Wellcare</b>		
<b>Wellcare Classic</b>	No	n/a
<b>Wellcare Signature</b>	No	n/a
<b>WellPoint</b>		
<b>Unicare MedicareRx Rewards Standard</b>	No	n/a
<b>Unicare MedicareRx Rewards Value</b>	No	n/a
<b>Percent of 45 Plans That Cover Drug</b>	<b>33% (15/45)</b>	

Tier 1 Generic/Preferred  
 Tier 2 Brand and Preferred  
 Tier 3 Non-preferred Brand  
 Tier 4 Specialty

\* Prior authorization  
 ^ Quantity limits  
 ‡ Step therapy

Search plans for coverage.  
 Request drug, tier exception.