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## **Drugs That Require Prior Authorization (PA) Before Being Approved for Coverage**

You will need authorization from **Express Scripts Medicare**<sup>®</sup> (PDP) before filling prescriptions for the drugs shown in the following chart. Express Scripts Medicare will only provide coverage after it determines that the drug is being prescribed according to the criteria specified in the chart.

You, your appointed representative or your prescriber can request prior authorization by calling Express Scripts Medicare toll free at **1.844.374.7377**, 24 hours a day, 7 days a week. Customer Service is available in English and other languages. TTY users should call **1.800.716.3231**.

The formulary may change at any time. You will receive notice when necessary.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.  
Enrollment in Express Scripts Medicare depends on contract renewal.