

Screenshots for OptumRx Portal – Prescription Drug List and Drug Pricing Tool (total of 10 pages)

CarePartners of Connecticut (note: for both the HMO and PPO contracts, there is a one OptumRx URL. The selection of year/plan is done in the drop-down window)

.....

Plan Selected: 2024 CarePartners Access PPO
Zip Code: 06101 (Hartford, CT)

.....

Formulary: Drug is covered with no Utilization Management requirements

- Drug = Lisinopril

Validate coverage of the drug through the Prescription Drug List link

Home Find a network pharmacy Drug pricing tool Prescription drug list

Prescription drug list – CarePartners of Connecticut

Find out if and how your drugs are covered on our CarePartners of Connecticut plans. See which tiers they're in and whether there are any coverage requirements or limits.

Select a plan

2024 CarePartners Access PPO

Drug Name Therapeutic Class Status Tier

Search the list of FDA-approved drugs and coverage for each by entering a drug name below.

Last Update: October, 2023

Drug name

lisino

LISINOPRIL

Results of Prescription Drug List search (sample – more results were found):

Prescription drug list search results

Plan: 2024 CarePartners Access PPO

Print

Prescription drug list

Brand and Generic

Filter by Coverage

LISINOPRIL TAB 20 MG Generic	Dosage 20MG Tablet	Coverage TIER 1 - FORMULARY	Restrictions Prior authorization: No Step therapy: No	Coverage details >
LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG Generic	Dosage 0 Tablet	Coverage TIER 1 - FORMULARY	Restrictions Prior authorization: No Step therapy: No	Coverage details >
LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG Generic	Dosage 0 Tablet	Coverage TIER 1 - FORMULARY	Restrictions Prior authorization: No Step therapy: No	Coverage details >

Select Coverage details to view all information on this drug

Coverage details

Plan: 2024 CarePartners Access PPO

Print

Search results

Brand Name	PRINIVIL
Generic name	LISINOPRIL TAB 20 MG
Therapeutic class	CARDIOVASCULAR DRUGS
Therapeutic subclass	RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB
Dosage	20MG Tablet
Status	TIER 1 - FORMULARY
Prior authorization	No.
Step therapy	No.
Quantity limit	No.
Specialty Pharmacy	No.
Member notes	No.

Since the drug is showing as covered with no Utilization Management requirement, go to the Drug Pricing Tool for the coverage/pricing

Drug Pricing Tool – select the plan, enter a specific pharmacy (optional) and the zip code. Hit Apply, then enter the drug name.

Home Find a network pharmacy Drug pricing tool Prescription drug list

Drug pricing tool – CarePartners of Connecticut

Choose the CarePartners of Connecticut plan you're interested in to learn how much you'll pay out of pocket for your prescriptions.

The 2024 drug pricing tool provides pricing details for covered drugs. However, covered drugs may include utilization management requirements, such as prior authorization or step therapy. Plans may also offer enhanced coverage for drugs not covered by Medicare. Please use the [Prescription Drug List](#) to confirm additional details.

Select your plan for accurate pricing

2024 CarePartners Access PPO

Enter a pharmacy location

Pharmacy Name - optional

Walgreens

ZIP code, city and state, or address

Hartford, CT 06101, USA

Radius

10 mi.

Use my location

Apply

Drug name

lis

lisinopril


Results of Drug Pricing Tool search (sample – additional pharmacies were included in the results)

Home Find a network pharmacy Drug pricing tool Prescription drug list

Drug search results

Plan: 2024 CarePartners Access PPO [Print](#)

[New search](#)

 **LISINOPRIL TAB 10MG**
Generic NDC: 68180098003

1 per day 30 days retail 90 days home delivery [Edit details](#)

Defaults to the most common dosage of this drug. Restore default

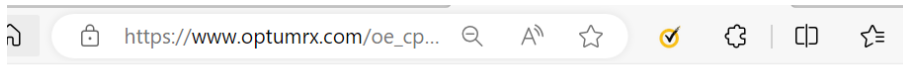
As of January 1, 2023, for Plans with Deductibles:

[Important Message About What You Pay for Vaccines](#) - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.
[Important Message About What You Pay for Insulin](#) - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

As of January 1, 2023, for Plans without Deductibles:

[Important Message About What You Pay for Vaccines](#) - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.
[Important Message About What You Pay for Insulin](#) - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Pricing:



Optum Rx®



Drug pricing

Check out the pharmacy prices below to find the best option near you. Please note that these prices do not include the option to pay with cash at your local pharmacy.

Lowest prices found near:

HARTFORD, CT 06120 [Edit](#)

Compare pre-selected pharmacies

[Add pharmacy filters or change retail pharmacies to compare](#)

Optum Rx®	90 day supply (Qty: 90)	Plan pays \$9.74	You pay \$0.00 (\$0.00/mo) BEST VALUE
Plan Preferred Pharmacy			
CVS PHARMACY #01089	30 day supply (Qty: 30)	Plan pays \$4.36	You pay \$0.00 (\$0.00/mo) BEST VALUE
Language support, In-network 20 Burnside Ave, East Hartford, CT, 06108 860-290-2091			
Plan Preferred Pharmacy			
CVS PHARMACY #02099	30 day supply (Qty: 30)	Plan pays \$4.36	You pay \$0.00 (\$0.00/mo) BEST VALUE
Language support, In-network 479 Blue Hills Ave, Hartford, CT, 06112 860-769-6870			
Plan Preferred Pharmacy			
CVS PHARMACY #05263	30 day supply (Qty: 30)	Plan pays \$4.36	You pay \$0.00 (\$0.00/mo) BEST VALUE
Language support, In-network, 24-hour 150 Washington Street, Hartford, CT, 06106 860-595-1750			
Plan Preferred Pharmacy			
CVS PHARMACY #01183	30 day supply (Qty: 30)	Plan pays \$4.36	You pay \$0.00 (\$0.00/mo) BEST VALUE
Language support, In-network 777 Main St, Hartford, CT, 06103 860-244-9424			
WALGREENS #21260	30 day supply (Qty: 30)	Plan pays \$0.00	You pay \$3.16 (\$3.16/mo)
Language support, In-network 500 Albany Ave, Hartford, CT, 06120 860-524-5304			

Formulary: Drug is covered with Utilization Management requirements

- Drug = Abelcet (requires Prior Authorization)

Validate coverage of the drug through the [Prescription Drug List link](#)

Prescription drug list – CarePartners of Connecticut

Find out if and how your drugs are covered on our CarePartners of Connecticut plans. See which tiers they're in and whether there are any coverage requirements or limits.

Print

Select a plan

2024 CarePartners Access PPO

Drug Name Therapeutic Class Status Tier

Search the list of FDA-approved drugs and coverage for each by entering a drug name below.

Last Update: October, 2023

Drug name

abelcet

- ABECMA
ABELCET

As of January 1, 2023, for Plans with Deductibles:

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.
Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

As of January 1, 2023, for Plans without Deductibles:

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.
Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Results for Prescription Drug List – shows that the drug is covered on Tier 4 and requires Prior Authorization

Prescription drug list search results

Plan: 2024 CarePartners Access PPO

Print

Prescription drug list

Table with 4 columns: Drug Name (ABELCET, Brand), Dosage (5MG/ML Suspension), Coverage (TIER 4 - FORMULARY), Restrictions (Prior authorization: Yes, Step therapy: No), and Coverage details link.

Select Coverage Details to see all information associated with this drug

Coverage details

Plan: 2024 CarePartners Access PPO

Print

Search results

This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Brand Name	ABELCET
Generic name	AMPHOTERICIN B LIPID INJ 5USP (FOR IV INFUSION) 5 MG/ML
Therapeutic class	ANTI-INFECTIVE AGENTS
Therapeutic subclass	ANTIFUNGAL (SYSTEMIC)
Dosage	5MG/ML Suspension
Status	TIER 4 - FORMULARY
Prior authorization	Yes.
Step therapy	No.
Quantity limit	No.
Specialty Pharmacy	No.
Member notes	No.

Since this drug is covered and has utilization management requirements, currently the Drug Pricing Tool will not provide accurate information for the coverage or price. Below are screenshots of what you would currently see if utilizing the Drug Pricing Tool for this drug.

Drug pricing tool – CarePartners of Connecticut

Choose the CarePartners of Connecticut plan you're interested in to learn how much you'll pay out of pocket for your prescriptions.

The 2024 drug pricing tool provides pricing details for covered drugs. However, covered drugs may include utilization management requirements, such as prior authorization or step therapy. Plans may also offer enhanced coverage for drugs not covered by Medicare. Please use the [Prescription Drug List](#) to confirm additional details.

Select your plan for accurate pricing

2024 CarePartners Access PPO

Enter a pharmacy location

Pharmacy Name - optional

ZIP code, city and state, or address

Hartford, CT 06101, USA

Radius

10 mi.

Use my location

Apply

Drug name

abelcet

Abelcet

- **Screenshot of Results page: 1st half of page (Drug Coverage)**

https://www.optumrx.com/oe_cpct/drugsearchresults


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Home Find a network pharmacy Drug pricing tool Prescription drug list

Drug search results

Plan: 2024 CarePartners Access PPO [Print](#)

[New search](#)

 Imagery may or may not reflect the look of your current medications.

ABELCET INJ 5MG/ML
Brand NDC: 57665010141

1 20.0 ML Vial (Package Size 1) 30 days retail 90 days home delivery [Edit details](#)

Defaults to the most common dosage of this drug. [Restore default](#)

▲ Coverage alert: This medication is not covered by your plan benefit. You will be responsible for the full amount of the medication. Lower cost options may be covered by your plan benefit.

As of January 1, 2023, for Plans with Deductibles:

[Important Message About What You Pay for Vaccines](#) - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

[Important Message About What You Pay for Insulin](#) - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

As of January 1, 2023, for Plans without Deductibles:

[Important Message About What You Pay for Vaccines](#) - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

[Important Message About What You Pay for Insulin](#) - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Screenshot of results page: 2nd half of page (Drug Pricing)

Drug pricing

Check out the pharmacy prices below to find the best option near you. Please note that these prices do not include the option to pay with cash at your local pharmacy.

Lowest prices found near:

HARTFORD, CT 06103 [Edit](#)

[Compare pre-selected pharmacies](#)

[Add pharmacy filters or change retail pharmacies to compare](#)

Optum Rx®	90 day supply (Qty: 3)	Plan pays Price unavailable online	You pay Price unavailable online
CVS PHARMACY #01183 Language support, In-network 777 Main St, Hartford, CT, 06103 860-244-9424	30 day supply (Qty: 1)	Plan pays Price unavailable online	You pay Price unavailable online View the average retail price
STOP & SHOP PHARMACY Language support, In-network 150 New Park Avenue, Hartford, CT, 06106 860-232-8848	30 day supply (Qty: 1)	Plan pays Price unavailable online	You pay Price unavailable online View the average retail price
WALMART PHARMACY 10-5095 Language support, In-network 495 Flatbush Ave, Hartford, CT, 06106 860-953-0725	30 day supply (Qty: 1)	Plan pays Price unavailable online	You pay Price unavailable online View the average retail price

Enhanced covered drug: Drug is excluded by Medicare, but being covered by the Plan

Validate coverage of the drug through the [Prescription Drug List link](#)

https://www.optumrx.com/oe_cpct/prescription-drug-list

Optum Rx® CarePartners of Connecticut MEDICARE ADVANTAGE

Home Find a network pharmacy Drug pricing tool Prescription drug list

Prescription drug list – CarePartners of Connecticut

Find out if and how your drugs are covered on our CarePartners of Connecticut plans. See which tiers they're in and whether there are any coverage requirements or limits.

Select a plan

2024 CarePartners Access PPO

Drug Name	Therapeutic Class	Status Tier
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Search the list of FDA-approved drugs and coverage for each by entering a drug name below.

Last Update: October, 2023


Drug name

benzonal

BENZONATATE

Results for Prescription Drug List – the 3 results show the enhanced covered drugs on Tier 2

Home [Find a network pharmacy](#) [Drug pricing tool](#) [Prescription drug list](#)

Optum Rx[®] 

Prescription drug list search results

Plan: 2024 CarePartners Access PPO

[Prescription drug list](#)

Trade Name	Dosage	Coverage	Restrictions	
BENZONATATE CAP 100 MG Generic	100MG Capsule	TIER 2 - FORMULARY	Prior authorization: No Step therapy: No	Coverage details >
BENZONATATE CAP 150 MG Generic	150MG Capsule	TIER 2 - FORMULARY	Prior authorization: No Step therapy: No	Coverage details >
BENZONATATE CAP 200 MG Generic	200MG Capsule	TIER 2 - FORMULARY	Prior authorization: No Step therapy: No	Coverage details >

Since this an enhanced covered drug, currently the Drug Pricing Tool will not provide accurate information for the coverage or price.

As a reference, below is a list of the 2024 enhanced covered drugs. They can also be found in the 2024 Formulary booklet (PDF) on the Home page.

Trade Name	Ingredients (GPI Name)	Quantity Limits?
SILDENAFIL TAB 25MG	SILDENAFIL CITRATE TAB 25 MG	MDD 4/30
SILDENAFIL TAB 50MG	SILDENAFIL CITRATE TAB 50 MG	MDD 4/30
SILDENAFIL TAB 100MG	SILDENAFIL CITRATE TAB 100 MG	MDD 4/30
TADALAFIL TAB 10MG	TADALAFIL TAB 10 MG	MDD 4/30
TADALAFIL TAB 20MG	TADALAFIL TAB 20 MG	MDD 4/30
VARDENAFIL TAB 2.5MG	VARDENAFIL HCL TAB 2.5 MG	MDD 4/30
VARDENAFIL TAB 5MG	VARDENAFIL HCL TAB 5 MG	MDD 4/30
VARDENAFIL TAB 10MG	VARDENAFIL HCL TAB 10 MG	MDD 4/30
VARDENAFIL TAB 20MG	VARDENAFIL HCL TAB 20 MG	MDD 4/30
VARDENAFIL TAB 10MG ODT	VARDENAFIL HCL ORALLY DISINTEGRATING TAB 10 MG	MDD 4/30
HYDROCHOMAT TAB 5-1.5MG	HYDROCODONE W/ HOMATROPINE TAB 5-1.5 MG	N/A
BENZONATATE CAP 100MG	BENZONATATE CAP 100 MG	N/A
BENZONATATE CAP 150MG	BENZONATATE CAP 150 MG	N/A
BENZONATATE CAP 200MG	BENZONATATE CAP 200 MG	N/A
PROMETHCOD SOL 6.25-10	PROMETHAZINE W/ CODEINE SYRUP 6.25-10 MG/5ML	N/A
HYD POLICPM SUS 10-85ML	HYDROCOD POLST-CHLORPHEN POLST ER SUSP 10-8 MG/5ML	N/A
PROMETHPEI SYP CODEINE	PROMETHAZINE-PHENYLEPHRINE-CODEINE SYRUP 6.25-5	N/A
VITAMIN D CAP 50000UNT	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	MDD 4/28
CYANOCOBALAM INJ 1000MCG	CYANOCOBALAMIN INJ 1000 MCG/ML	N/A
FOLIC ACID TAB 1MG	FOLIC ACID TAB 1MG	N/A

MDD = Maximum Daily Dose

Non-Formulary: drug is not covered

- Drug: Xanax

Validate coverage of the drug through the Prescription Drug List link

https://www.optumrx.com/oe_cpct/prescription-drug-list

Optum Rx[®] CarePartners of Connecticut MEDICARE ADVANTAGE

Home Find a network pharmacy Drug pricing tool Prescription drug list

Prescription drug list – CarePartners of Connecticut

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Select a plan

2024 CarePartners Access PPO

Drug Name	Therapeutic Class	Status Tier
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Search the list of FDA-approved drugs and coverage for each by entering a drug name below.

Last Update: October, 2023

Drug name

xanax

XANAX

Results: The generic versions are shown first as Formulary, then the brand Xanax shows as Non-Formulary. No additional search using the Drug Pricing Tool is needed.

https://www.optumrx.com/oe_cpct/formulary--pdl--search-results

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Home Find a network pharmacy Drug pricing tool Prescription drug list

Prescription drug list search results

Plan: 2024 CarePartners Access PPO [Print](#)

[Prescription drug list](#)

Brand and Generic Filter by Coverage

Drug Name	Dosage	Coverage	Restrictions	
ALPRAZOLAM TAB 0.25 MG Generic	.25MG Tablet	TIER 1 - FORMULARY	Prior authorization: No Step therapy: No	Coverage details >
ALPRAZOLAM TAB 0.5 MG Generic	.5MG Tablet	TIER 1 - FORMULARY	Prior authorization: No Step therapy: No	Coverage details >
ALPRAZOLAM TAB 1 MG Generic	1MG Tablet	TIER 1 - FORMULARY	Prior authorization: No Step therapy: No	Coverage details >
ALPRAZOLAM TAB 2 MG Generic	2MG Tablet	TIER 1 - FORMULARY	Prior authorization: No Step therapy: No	Coverage details >
ALPRAZOLAM TAB ER 24HR 0.5 MG Generic	.5MG Tablet ER 24HR	NON-FORMULARY	Prior authorization: No Step therapy: No	Coverage details >
ALPRAZOLAM TAB 0.5MG XR Generic	.5MG Tablet ER 24HR	NON-FORMULARY	Prior authorization: No Step therapy: No	Coverage details >

	Dosage	Coverage	Restrictions	
ALPRAZOLAM TAB ER 24HR 3 MG Generic	3MG Tablet ER 24HR	NON-FORMULARY	Prior authorization: No Step therapy: No	Coverage details >
XANAX Brand	.25MG Tablet	NON-FORMULARY	Prior authorization: No Step therapy: No	Coverage details >
XANAX Brand	.5MG Tablet	NON-FORMULARY	Prior authorization: No Step therapy: No	Coverage details >
XANAX Brand	1MG Tablet	NON-FORMULARY	Prior authorization: No Step therapy: No	Coverage details >
XANAX Brand	2MG Tablet	NON-FORMULARY	Prior authorization: No Step therapy: No	Coverage details >
XANAX XR Brand	.5MG Tablet ER 24HR	NON-FORMULARY	Prior authorization: No Step therapy: No	Coverage details >
XANAX XR Brand	1MG Tablet ER 24HR	NON-FORMULARY	Prior authorization: No Step therapy: No	Coverage details >
XANAX XR Brand	2MG Tablet ER 24HR	NON-FORMULARY	Prior authorization: No Step therapy: No	Coverage details >