RIPEA MEMBER 2022 PRESCRIPTION DRUG INFORMATION

NOTE: When you enroll in a Medicare Advantage Plan, prescription drug coverage is automatically included. Since you cannot have two prescription drug plans, your previous plan will automatically be termed. Therefore, it is important that we check your current prescriptions to be sure they are included the new Advantage Plan drug formulary. For this reason, please provide complete information regarding your current prescription medications; we will provide you with a complete report on the prescriptions listed below.

**Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pharmacy Preference:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Drug Plan: Carrier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Premium: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|\_\_\_\_\_Prescription Drugs\_\_\_ \_| Dosage | Frequency |\_\_\_\_\_Prescription Drugs\_ \_\_\_\_ | Dosage | Frequency |

**|1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_ \_|\_\_\_\_\_\_\_|13 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_|\_\_\_\_\_\_\_|**

**|2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_ |\_\_\_\_\_\_\_|14 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_|\_\_\_\_\_\_\_|**

**|3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_ |\_\_\_\_\_\_\_|15\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_|\_\_\_\_\_\_\_|**

**|4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_ |\_\_\_\_\_\_\_|16\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_|\_\_\_\_\_\_\_|**

**|5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_ |\_\_\_\_\_\_\_|17\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_|\_\_\_\_\_\_\_|**

**|6\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_ |\_\_\_\_\_\_\_|18\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_|\_\_\_\_\_\_\_|**

**|7\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_ |\_\_\_\_\_\_\_|19\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_|\_\_\_\_\_\_\_|**

**|8\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_ |\_\_\_\_\_\_\_|20\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_|\_\_\_\_\_\_\_|**

**|9 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_|\_\_\_\_\_\_\_|21\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_\_\_\_\_\_|\_\_\_\_\_\_\_|**

**|10\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_ \_\_\_\_\_|\_\_\_\_\_\_\_­ |22\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_|\_\_\_\_\_\_\_|**

**|11\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_ \_\_\_\_\_|\_\_\_\_\_\_\_ |23\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_\_\_\_\_\_|\_\_\_\_\_\_\_|**

**|12\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_ \_\_\_\_\_|\_\_\_\_\_\_\_|24\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_|\_\_\_\_\_\_\_|**

**To the best of my knowledge, the above are the current meds I am taking**.

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I will notify you of the results of our formulary review to let you know if your drugs are covered and what their monthly copays will be. If you have any questions, please contact me JIM BENGE: call at 800-351-0073 or email me (my office) at** **jbenge@ripea.org****.**