

Does Your Medicare Plan's Formulary Cover Your Drugs in 2027?

The MyALEXHealth™ Formulary Quick-Guide

A Medicare formulary is the Prescription Drug or Medicare Advantage plan's master drug list. And that list, as well as how the prescriptions on it are covered, can change every year. Spend three minutes now matching every prescription to the tier table and requirement flags to avoid year-long sticker shock.

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Why Does a Formulary Check Matter—Especially if You're New to Medicare?

Every January, plans reshuffle tiers, add prior-auth hurdles, or drop drugs entirely. A three-minute review can help you spot those changes early—while you can still choose the best plan during your Initial or Annual Enrollment window. (AEP runs Oct 15 – Dec 7.)

What Should I Grab Before I Start?

Must-Have Item	Why You Need It
Current Rx list (drug, dose, frequency)	You can't search what you can't spell.
Plan's full formulary PDF or web tool	To see how or if your Rx is covered. (Find it under "Documents & Forms.")
Highlighter or Ctrl/⌘ + F	Tag tiers or jump straight to each drug.

How Do I Decode the Drug Grid?

Column	Plain-Language Meaning	Quick Pro Tip
Tier	Price bucket (1 = cheapest generics → 5/6 = specialty)	The same drug can sit in **different tiers on different plans.**
Requirement	**PA** (prior authorization), **ST** (step therapy), **QL** (quantity limit)	Circle any *PA/ST/QL* flags because these = paperwork or delays.
Drug Name	Brand + generic often listed	Always check the generic too; tiers sometimes differ.
Form	Tab, cap, ER, inj	Your pill version might be covered; the liquid might not.

Three-Minute Step-by-Step Formulary Check

1. Search each drug	Ctrl/⌘ + F the generic, note tier and any PA/ST/QL.
2. Spot the jumpers	Anything Tier 3+ or flagged PA/ST = potential hassle.
3. Match tiers to dollars	Cross-check the Summary of Benefits copay table.
4. Add up the year	(Monthly copay × 12) + drug deductible = rough annual hit.

Red-Flag Cheat Sheet

If You See...	Why It Hurts	Quick Fix
Tier 4/5 for a must-take med	Coinsurance can be 25–50% of drug cost.[1]	Ask your doc if a lower-tier alternative works.
PA + ST combo	Doubled paperwork = delays.	Have your provider send in any requests for prior authorizations *before* your plan starts.
Drug missing	The plan won't pay.	Shop other plans or file a formulary exception.
Tier jump vs. last year	Your refill price just changed.	Re-run cost in ALEX or call plan now.

What If My Drug Isn't Covered?

Misspellings cause most "not found" errors. Verify the generic name and dose, then look for lower-tier alternatives. If still absent, file a formulary exception—your prescriber must state why the drug is medically necessary. Use discount cards (like GoodRx) during appeal.

How Do I File a Formulary Exception?

1. Call the plan and request a **Coverage Determination** form.
2. Have your doctor complete the medical-necessity section.
3. Fax or upload; keep the confirmation page.
4. Timeline: **72 hours** standard, **24 hours** if marked urgent.
5. Denied? You have **60 days** to appeal (called Redetermination).

Plan Paid $0 at the Pharmacy—Am I Stuck?

Check that the pharmacy used the correct BIN/PCN, confirm you met your deductible, and file an appeal within 60 days if coverage rules weren't applied.

Quick Checklist Before You Enroll

☐	Every current drug appears in formulary
☐	Annual drug spend fits budget
☐	No critical drug missing or PA/ST without a plan
☐	Doctor ready to e-fax prior auth before coverage begins if needed

Bottom Line — Let ALEX® Do the Heavy Lifting

New to Medicare?
Bookmark or print this cheat-sheet, but remember: **MyALEXHealth** can check your drugs against the plans available in your area. Entering your list of medications = instant green/red flags—no PDFs, no cross-eyed scrolling.

Already on a Medicare plan and exploring your options during the Annual Enrollment Period?
Enter your drug list into ALEX, flag high-tier or missing meds, and switch plans by December 7 if costs spike. A few minutes of prep today keeps refill bills predictable all year.

Visit MyALEXHealth ›

FAQ

- **Why should I review my Medicare plan formulary?**
  Formularies change each year. A quick review avoids tier jumps and uncovered drugs that can raise your costs.
- **What do “PA” and “ST” mean in a formulary?**
  “PA” stands for prior authorization and “ST” for step therapy. Both require extra approval before the plan will pay.
- **How do I file a formulary exception?**
  Request a coverage determination form from your plan, have your doctor explain medical necessity, and submit within the plan’s deadline.

Take the guesswork out of drug coverage.

Launch MyALEXHealth, enter your Rx, and see how your prescriptions will be covered by Prescription Drug and Medicare Advantage plans to avoid any formulary face-plants.

Start your formulary check now >



We work with multiple Medicare plan carriers including:

Aetna Inc. • Devoted Health, Inc. • Humana Inc. • Mutual of Omaha Insurance Company

Sources:

[1] KFF, Medicare Part D Enrollment, Premiums, and Cost Sharing in 2026, published June 2026.

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Enrollment in a plan may be limited to certain times of the year unless you qualify for a Special Enrollment Period or you are in your Medicare Initial Enrollment Period.

Medicare Advantage and Part D plans are insured by a Medicare Advantage HMO, PPO and PFFS organization with a Medicare contract and/or a Medicare-approved Part D sponsor. Enrollment depends on the plan’s contract renewal with Medicare.

We do not offer every plan available in your area. Currently we represent 4 organizations which offer 1,056 products in your area. Please contact *Medicare.gov* or 1-800-MEDICARE to get information on all your options.

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