

*\* Needs extra help*

Source: \_\_\_\_\_  
Appt Date: \_\_\_\_\_  
Appt Time: \_\_\_\_\_  
SOA done: \_\_\_\_\_

Name: Charlotte Dressler

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Supp

Address: \_\_\_\_\_  
County: \_\_\_\_\_

2936 S. Osage Ave Apt 102

Phone: \_\_\_\_\_

316 518 7796 67217

DOB: \_\_\_\_\_  
Email: \_\_\_\_\_

shardressler@gmail.com

HICN: \_\_\_\_\_  
Part A: \_\_\_\_\_  
Part B: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

1WE8W35JG56

Current Coverage: \_\_\_\_\_

10/1/2018

Rx: \_\_\_\_\_  
Pharmacy Used: \_\_\_\_\_

\_\_\_\_\_ Part D Humana

I-enroll  
faxed  
mailed  
Bconnected

Scope Sent  
Docs Filed

Supp	

*Call center*

Notes: has diabetes

Physicians:	UHC Provider #	Provider notes
PCP: <u>Grace Med - Tyrall</u>		
Spec: <u>Fenson</u>		
Spec: <u>Wassim Shaheen</u>		
Spec: <u>Shahouri</u>		
Spec: <u>Steinshouer</u>		
Spec: _____		
Spec: _____		
Spec: _____		

Effective Date: \_\_\_\_\_ Medicare Drug ID \_\_\_\_\_ QMB Status \_\_\_\_\_ Plans Avail: \_\_\_\_\_

Election Period: \_\_\_\_\_ Medicaid \_\_\_\_\_

LIS Qualification: \_\_\_\_\_ Income \_\_\_\_\_

Chronic Illness  
Diabetes \_\_\_\_\_ password \_\_\_\_\_ Single / Married \_\_\_\_\_  
ESRD \_\_\_\_\_ Other coverage options: \_\_\_\_\_

VA \_\_\_\_\_  
TriCare \_\_\_\_\_

<u>DRUG LIST</u>	<u>DRUG TIER</u>	<u>DRUG LIMITS / REQUIREMENTS</u>	<u>TOTAL DRUG COST</u>	<u>INITIAL COVERAGE COST</u>	<u>COVER. GAP COST</u>
<u>Albuterol Sulfate HFA AER HFA</u> (8.5GM Inhaler(sold in a package of 1)Qty 1/30 day supply)	Not Covered		\$64.99	\$64.99	\$64.99
<u>Cardizem TAB 30MG</u> (Qty 1/30 day supply)	Not Covered		\$8.18	\$8.18	\$8.18
<u>Celebrex CAP 200MG</u> (Qty 30/30 day supply)	Not Covered		\$456.24	\$456.24	\$456.24
<u>Diovan HCT TAB 160-25MG</u> (Qty 30/30 day supply)	Not Covered		\$392.83	\$392.83	\$392.83
<u>Plavix TAB 75MG</u> (Qty 30/30 day supply)	Not Covered		\$232.54	\$232.54	\$232.54
<u>Risperdal TAB 1MG</u> (Qty 30/30 day supply)	Not Covered		\$410.72	\$410.72	\$410.72
<u>clonidine hcl TAB 0.2MG</u> (Qty 60/30 day supply)	1		\$9.52	\$3.00	\$2.38
<u>atorvastatin calcium TAB 40MG</u> (Qty 30/30 day supply)	1	QL	\$3.99	\$3.00	\$1.00
<u>levothyroxine sodium TAB 75MCG</u> (Qty 30/30 day supply)	1		\$12.01	\$3.00	\$3.00
<u>montelukast sodium TAB 10MG</u> (Qty 30/30 day supply)	1	QL	\$7.40	\$3.00	\$1.85
<u>valsartan/hydrochlorothiazide TAB 160-12.5</u> (Qty 30/30 day supply)	1	QL	\$5.56	\$3.00	\$1.39
<u>albuterol sulfate NEB 0.083%</u> (3.0ML Plastic Container(sold in a package of 5)Qty 1/30 day supply)	2	PA	\$2.28	\$2.28 up to \$12.00 copay	\$0.57
<u>potassium chloride TAB 20MEQ ER</u>	2		\$13.67	\$12.00	\$3.42

*I also included the generics of these in this*

<u>DRUG LIST</u>	<u>DRUG TIER</u>	<u>DRUG LIMITS / REQUIREMENTS</u>	<u>TOTAL DRUG COST</u>	<u>INITIAL COVERAGE COST</u>	<u>COVER. GAP COST</u>
(Qty 30/30 day supply)					
<a href="#">flecainide acetate TAB 100MG</a> (Qty 60/30 day supply)	2		\$105.12	\$12.00	\$26.28
<a href="#">diltiazem hcl TAB 120MG</a> (Qty 30/30 day supply)	2		\$61.07	\$12.00	\$15.27
<a href="#">clopidogrel TAB 75MG</a> (Qty 30/30 day supply)	2	QL	\$11.62	\$11.62 up to \$12.00 copay	\$2.90
<a href="#">risperidone TAB 1MG</a> (Qty 30/30 day supply)	2		\$7.58	\$7.58 up to \$12.00 copay	\$1.90
<a href="#">Levemir INJ</a> (10.0ML Vial(sold in a package of 1)Qty 1/30 day supply)	3		\$320.54	\$47.00	\$80.14
<a href="#">Advair Diskus AER 500/50</a> (Blister Pack of 14.0(sold in a package of 1)Qty 1/30 day supply)	3	QL	\$126.06	\$47.00	\$31.52
<a href="#">Eliquis TAB 5MG</a> (Qty 30/30 day supply)	3	QL	\$231.16	\$47.00	\$57.79
<a href="#">Janumet XR TAB 50-1000</a> (Qty 30/30 day supply)	3	QL	\$234.81	\$47.00	\$58.70
<a href="#">Linzess CAP 145MCG</a> (Qty 30/30 day supply)	3	QL	\$440.69	\$47.00	\$110.17
<a href="#">Atrovent HFA AER 17MCG</a> (12.9GM Inhaler(sold in a package of 1)Qty 1/30 day supply)	4		\$403.58	\$100.00	\$100.90
<a href="#">amitriptyline hcl TAB 25MG</a> (Qty 30/30 day supply)	4		\$13.17	\$13.17 up to \$100.00 copay	\$3.29
<a href="#">Otezla TAB 30MG</a> (Qty 30/30 day supply)	5	PA, LA	\$1765.08	\$582.48	\$441.27