

# **Prescription Benefits**

## **State of Indiana**

Express Scripts manages your prescription drug benefit under a contract with the State of Indiana.

## Introduction:

This Prescriptions Benefit document describes how to get prescription medications, what medications are covered and not covered, and what portion of the prescription costs you will be required to pay.

Express Scripts, the Pharmacy Benefit Manager (PBM), manages your prescription drug benefit under contract with the State of Indiana. Express Scripts maintains the Preferred Drug list (also known as a Formulary), manages a network of retail pharmacies and operates Mail Service and Specialty Drug pharmacies. Express Scripts, in consultation with the Plan, also provides services to promote the appropriate use of pharmacy benefits, such as review for possible excessive use, recognized and recommended dosage regimens, drug interactions and other safety measures.

Employees and dependents covered by the State of Indiana prescription drug benefit can use either retail or the Express Scripts Mail Service Pharmacy. Your benefit covers most prescription drugs, plus insulin and some over-the-counter (OTC) diabetes supplies and certain other OTC items considered preventative under the Health Care Reform Act. Certain medications are subject to limitations and may require prior authorization for continued use.

### Retail Pharmacies

Retail pharmacy service is most convenient for short-term prescription needs. For example, if you need an antibiotic to treat an infection, you can go to one of the many pharmacies that participate in the Express Scripts network. At retail, you can get up to a 30-day supply.

All major chain pharmacies participate in the network. If you are using an independent drugstore, you should confirm whether it participates, too. To find out, visit [www.express-scripts.com](http://www.express-scripts.com) or call Member Services at 1-877-841-5241.

### The Express Scripts Pharmacy, Mail Service -

Members that need medication on an ongoing basis can ask their doctor to prescribe up to a 90-day supply, plus refills if appropriate. Examples are ongoing therapies to treat diabetes, high cholesterol, high blood pressure, and asthma. Just a single co-payment is required for each 90-day prescription.

- Medications are shipped standard delivery at no additional cost.
- First-time orders are usually delivered within 8-11 days after we receive your order.
- Refills usually arrive in less time – refills ordered online are usually delivered within 3-5 days and refill orders mailed in are usually delivered within 6-9 days.
- Medication packages will include instructions for ordering refills, if applicable, and may also include information about the purpose of the medication, appropriate dosage guidelines and other important details.
- You can track your prescriptions and order refills at [www.express-scripts.com](http://www.express-scripts.com) or by calling 1-877-841-5241.
- Registered pharmacists are available around the clock for consultation.

## SCHEDULE OF BENEFITS

State of Indiana Prescription benefit plan design <b>TRADITIONAL PPO</b>		
	<b>Retail, network pharmacy</b> (up to a 30 day supply)	<b>Mail Order</b> The Express Scripts Pharmacy (up to a 90 day supply)
<b>Generics</b>	\$20	\$40
<b>Brands: preferred / formulary</b>	30% of prescription cost Minimum \$40 Maximum \$60	30% of prescription cost Minimum \$80 Maximum \$120
<b>Brands: non-preferred / non-formulary</b>	50% of prescription cost Minimum \$70 Maximum \$90	50% of prescription cost Minimum \$140 Maximum \$180
<b>Contraceptive/Preventative Meds</b> (Generic and single-source as mandated by the Affordable Care Act)	\$0 (not subject to the deductible)	\$0 (not subject to the deductible)
	<b>Retail and Mail Order</b> (up to a 30 day supply)	
<b>Specialty drugs</b>	50% of prescription cost Minimum \$100 Maximum \$175	
<p><b>Deductible</b> (combined Rx + medical accumulator):</p> <ul style="list-style-type: none"> <li>* \$ 750 single / \$ 1500 family</li> <li>* prescription drug copayments/coinsurance are subject to the deductible.</li> </ul> <p><b>Out-of-pocket/OOP limit</b> (combined Rx + medical accumulator):</p> <ul style="list-style-type: none"> <li>* \$3000 single / \$6000 family</li> <li>* prescription drug copayments/coinsurance are subject to the OOP limit; once the member and/or family OOP limit is satisfied, no additional copayments/coinsurance are required for the remainder of the calendar year.</li> </ul> <p><b>Retail out-of-network claims (direct)</b> are reimbursed based on copays above and member also pays any difference between the pharmacy charge and the allowable costs</p>		

State of Indiana Prescription benefit plan design  
**CONSUMER DRIVEN HEALTH PLAN 1**

	<b>Retail, network pharmacy</b> (up to a 30 day supply)	<b>Mail Order</b> The Express Scripts Pharmacy (up to a 90 day supply)
<b>Generics</b>	\$10	\$20
<b>Brands: preferred / formulary</b>	20% of prescription cost Minimum \$30 Maximum \$50	20% of prescription cost Minimum \$60 Maximum \$100
<b>Brands: non-preferred / non-formulary</b>	40% of prescription cost Minimum \$50 Maximum \$70	40% of prescription cost Minimum \$100 Maximum \$140
<b>Contraceptive/Preventative Meds</b> (Generic and single-source as mandated by the Affordable Care Act)	\$0 (not subject to the deductible)	\$0 (not subject to the deductible)
	<b>Retail and Mail Order</b> (up to a 30 day supply)	
<b>Specialty drugs</b>	40% of prescription cost Minimum \$75 Maximum \$150	

**Deductible** (combined Rx + medical accumulator):

- \* \$2500 single / \$5000 family
- \* prescription drug copayments/coinsurance are subject to the deductible.

**Out-of-pocket/OOP limit** (combined Rx + medical accumulator):

- \* \$4000 single / \$8000 family
- \* Individual Embedded \$7150
- \* prescription drug copays/coinsurance are subject to the OOP limit; once the member and/or family OOP limit is satisfied, no additional copayments/coinsurance are required for the remainder of the calendar year. If any one family member satisfies the individual embedded maximum, no additional copayments/coinsurance is required for that member for the remainder of the calendar year.

**Retail out-of-network claims (direct)** are reimbursed based on copays above and member also pays any difference between the pharmacy charge and the allowable costs

State of Indiana Prescription benefit plan design  
**CONSUMER DRIVEN HEALTH PLAN 2**

	<b>Retail, network pharmacy</b> (up to a 30 day supply)	<b>Mail Order</b> The Express Scripts Pharmacy (up to a 90 day supply)
<b>Generics</b>	\$10	\$20
<b>Brands: preferred / formulary</b>	20% of prescription cost Minimum \$30 Maximum \$50	20% of prescription cost Minimum \$60 Maximum \$100
<b>Brands: non-preferred / non-formulary</b>	40% of prescription cost Minimum \$50 Maximum \$70	40% of prescription cost Minimum \$100 Maximum \$140
<b>Contraceptive/Preventative Meds</b> (Generic and single-source as mandated by the Affordable Care Act))	\$0 (not subject to the deductible)	\$0 (not subject to the deductible)
	<b>Retail and Mail Order</b> (up to a 30 day supply)	
<b>Specialty drugs</b>	40% of prescription cost Minimum \$75 Maximum \$150	

**Deductible** (combined Rx + medical accumulator):

- \* \$1500 single / \$3000 family
- \* prescription drug copayments/coinsurance are subject to the deductible.

**Out-of-pocket/OOP limit** (combined Rx + medical accumulator):

- \* \$3000 single / \$6000 family
- \* prescription drug copayments/coinsurance are subject to the OOP limit; once the member and/or family OOP limit is satisfied, no additional copayments/coinsurance are required for the remainder of the calendar year

**Retail out-of-network claims (direct)** are reimbursed based on copays above and member also pays any difference between the pharmacy charge and the allowable costs

State of Indiana Prescription benefit plan design <b>Wellness CDHP</b>		
	<b>Retail, network pharmacy</b> (up to a 30 day supply)	<b>Mail Order</b> The Express Scripts Pharmacy (up to a 90 day supply)
<b>Generics</b>	\$10	\$20
<b>Brands: preferred / formulary</b>	20% of prescription cost Minimum \$30 Maximum \$50	20% of prescription cost Minimum \$60 Maximum \$100
<b>Brands: non-preferred / non-formulary</b>	40% of prescription cost Minimum \$50 Maximum \$70	40% of prescription cost Minimum \$100 Maximum \$140
<b>Contraceptive/Preventative Meds</b> (Generic and single-source as mandated by the Affordable Care Act)	\$0 (not subject to the deductible)	\$0 (not subject to the deductible)
	<b>Retail and Mail Order</b> (up to a 30 day supply)	
<b>Specialty drugs</b>	40% of prescription cost Minimum \$75 Maximum \$150	
<p><b>Deductible</b> (combined Rx + medical accumulator):</p> <ul style="list-style-type: none"> <li>* \$ 2500 single / \$ 5000 family</li> <li>* prescription drug copayments/coinsurance are subject to the deductible.</li> </ul> <p><b>Out-of-pocket/OOP limit</b> (combined Rx + medical accumulator):</p> <ul style="list-style-type: none"> <li>* \$4000 single / \$8000 family</li> <li>* Individual Embedded \$7150</li> </ul> <p>* prescription drug copayments/coinsurance are subject to the OOP limit; once the member and/or family OOP limit is satisfied, no additional copayments/coinsurance are required for the remainder of the calendar year. If any one family member satisfies the individual embedded maximum, no additional copayments/coinsurance is required for that member for the remainder of the calendar year.</p> <p><b>Retail out-of-network claims (direct)</b> are reimbursed based on copays above and member also pays any difference between the pharmacy charge and the allowable costs.</p>		

### **Prior Authorization**

Prior Authorization may be required for certain prescription drugs (or the prescribed quantity of a particular Drug). Prior Authorization helps promote appropriate utilization and enforcement of guidelines for prescription drug benefit coverage. At the time you fill a prescription, the pharmacist is informed of the Prior Authorization requirement through the pharmacy's computer system. Express Scripts uses criteria developed by their Pharmacy and Therapeutics Committee and they are reviewed and adopted by the Plan. The Plan or Express Scripts may contact your provider if additional information is required to determine whether Prior Authorization should be granted. Express Scripts or Plan communicates the results of the decision to both you and your provider.

If Prior Authorization is denied, written notification is sent to both you and your providers. You have the right to appeal through the appeals process. The written notification of denial you receive provides instructions for filing an appeal.

To ask if a drug requires Prior Authorization, please contact Express Scripts at the Customer Service telephone number on the back of your ID card.

You, your provider, or pharmacist, may check with Express Scripts to verify covered prescription drugs, any quantity and/or age limits, prior authorization or other requirements of the Plan.

### **Formulary or preferred drug list**

A formulary is a list of commonly prescribed medications from which your physician may choose to prescribe. The formulary is designed to inform you and your physician about quality medications that, when prescribed in place of other non-formulary medications, can help contain the increasing cost of prescription drug coverage while maintaining the high quality of care.

Express Scripts shall not remove a prescription drug from the Plan's formulary, change the cost sharing requirements that apply to a prescription drug, or change the utilization review requirements that apply to a prescription drug unless:

- At least sixty (60) days before the removal or change is effective, send written notice of the removal or change to each Plan member for whom the prescription drug has been prescribed during the preceding twelve (12) month period or
- At the time a Plan member for whom the prescription drug has been prescribed during the preceding twelve (12) month period requests a refill of the prescription drug, provide to the Plan member: (1) written notice of the removal or change; and (2) a sixty (60) day supply of the prescription drug under the terms that applied before the removal or change.

You may request a copy of the preferred drug list or formulary by calling Express Scripts at the Customer Service telephone number on the back of your ID card or view the list online at [www.express-scripts.com](http://www.express-scripts.com).

Therapeutic Interchange is a formulary management program approved by the Plan and managed by Express Scripts. This is a voluntary program designed to inform members and

physicians about possible alternatives to certain prescribed drugs. Express Scripts may contact you or your prescribing physician to make you aware of preferred alternatives. Therapeutic interchange may also be initiated at the time the prescription is dispensed. For questions or issues involving therapeutic drug substitutes, contact Express Scripts by calling the Customer Service telephone number on the back of your ID card. The therapeutic interchange drug list is subject to periodic review and amendment. No change in the medication prescribed for you will be made without your, or your physicians' approval.

### **Step Therapy**

To the extent the Plan participates in programs to encourage the prescribing of generics and lower cost alternative preferred brand drugs. These programs may produce savings to you.

If a prescription is subject to a step therapy protocol, you may request a protocol exception. To request an exception, call Express Scripts at the Customer Service telephone number on the back of your ID card or complete the form available online at [www.express-scripts.com](http://www.express-scripts.com). Express Scripts may request a copy of relevant documentation from the Plan member's medical record in order to process the request. Express Scripts will make a determination concerning the request, or an appeal or denial of a protocol exception request, not more than:

- In an urgent care situation, one (1) business day after receiving the request or appeal; or
- In a nonurgent care situation, three (3) business days after receiving the request or appeal.

A protocol exception will be granted if any of the following apply:

- A preceding prescription drug is contraindicated or will likely cause an adverse reaction or physical or mental harm to the covered individual.
- A preceding prescription drug is expected to be ineffective, based on both of the following: (1) the known clinical characteristics of the Plan member; (2) known characteristics of the preceding prescription drug, as found in sound clinical evidence.
- The Plan member has previously received: (1) a preceding prescription drug or (2) another prescription drug that is in the same pharmacologic class or has the same mechanism of action as a preceding prescription drug; and the prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event.
- Based on clinical appropriateness, a preceding prescription drug is not in the best interest of the Plan member because the Plan member's use of the preceding prescription drug is expected to: (1) cause a significant barrier to the Plan member's adherence to or compliance with the Plan member's plan of care; (2) worsen a comorbid condition of the Plan member; or (3) decrease the Plan member's ability to achieve or maintain reasonable functional ability in performing daily activities.

When a Protocol exception has been requested Express Scripts shall notify the Plan member and the Plan member's health care provider of the authorization or denial of coverage for the prescription drug. If the exception is denied the notice will include a detailed, written

explanation of the reason for the denial and the clinical rationale that supports the denial.

### **Specialty Pharmacy Network**

“Specialty Drugs” are prescription legend drugs which:

- Are used to treat complex conditions such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, and rheumatoid arthritis.
- Are normally injected, infused or require close monitoring by a physician or clinically trained individual; or
- Often have limited availability, special dispensing and delivery requirements, and/or require additional patient support.

Retail specialty pharmacies and Accredo Health Group, Inc., the mail order specialty pharmacy, may fill specialty drug prescription orders, subject to a 30-day supply, and subject to the applicable coinsurance or copayment shown in the Schedule of Benefits.

Accredo Health Group, Inc., Express Scripts’ Specialty Pharmacy, provides personalized counseling, expedited delivery, complimentary supplies (such as needles and syringes), and safety checks. If you or a dependent use specialty medications you can order through Accredo Health Group, Inc.. The advantages for you include:

- Free expedited scheduled delivery to the location you choose (your home, doctor's office, outpatient clinic), and free supplies to administer your medication (e.g., needles, syringes)
- Individualized support from trained nurses and patient care representatives
- 24/7 access to registered pharmacists for questions
- To order specialty medications from Accredo Health Group, Inc., please call (800) 803-2523 toll-free or have your doctor call (800) 987-4904 between 8 a.m. and 8 p.m., Eastern Time, Monday through Friday.

You may call Express Scripts to learn more about Accredo Health Group, Inc. or locate a retail specialty pharmacy and determine if a specialty drug is covered, by calling the Customer Service telephone number on the back of your ID card.

### **Website**

Plan members have access to internet features offered through [www.express-scripts.com](http://www.express-scripts.com). On this web site, you can refill mail order prescriptions, manage your mail order account, locate a pharmacy, print forms, look up preferred medications and identify cost saving opportunities.

### **Covered Prescription Drug Benefits**

Prescription drugs, unless otherwise stated below, must be medically necessary and not experimental/investigative, in order to be Covered Services. For certain prescription drugs, the prescribing physician may be asked to provide additional information before Express Scripts and/or the Plan can determine medical necessity. The Plan may, in its sole discretion, establish quantity and/or age limits for specific prescription drugs. Covered Services will be limited based on medical necessity, quantity and/or age limits established by the Plan, or

utilization guidelines.

- Prescription legend drugs
- Certain OTC medications as indicated under the Affordable Health Care Act\*
- Injectable insulin and needles and syringes used for administration of insulin.
- Non-insulin needles and syringes
- Contraceptive drugs: oral, transdermal, intravaginal and injectable
- Contraceptive devices
- Prescription vitamins including prescription fluoride supplements as well as those covered under the Affordable Care Act\*
- Influenza immunizations and those immunizations covered under the Affordable Health Care Act\*
- Certain supplies and equipment are covered such as diabetic test strips, lancets, swabs, glucose monitors, insulin pumps and inhaler spacers. Contact Express Scripts to determine approved covered supplies. If certain supplies, equipment or appliances are not available through the prescription benefit, they may be available through the medical benefit.
- Injectables unless otherwise noted as benefit exclusions.
- Prescription medical foods such as nutritional supplements, infant formulas, supplements to treat inherited metabolic diseases (including PKU)
- Prescription and some OTC smoking cessation drugs with limits of 180 days of therapy per year for nicotine, bupropion/ Zyban and for Chantix\*
- Select pharmacogenomic tests used to guide the selection and dosing of medications.

#### **Non-Covered Prescription Drug Benefits**

- Over the counter drugs except insulin and those covered under the Affordable Health Care Act\*
- Over the counter vitamins except those covered under the Affordable Health Care Act\*
- Estriol compounds
- Medications used for cosmetic purposes only such as hair growth stimulants
- Allergy sera
- Blood and blood plasma products except for hemophilia factors
- Experimental/ Investigative Drugs
- Drugs for treatment of sexual or erectile dysfunctions or inadequacies, regardless of origin or cause.
- Drug treatment related to infertility.
- Over the counter homeopathic or herbal medicines

\*Certain prescription and OTC medications are considered preventative by the Affordable Care Act and are covered by the benefit. A prescription is required to obtain these preventative medications through your prescription benefit. For more information, contact Express Scripts Customer Service at 877-841-5241.

If your medication is in a category not covered by the prescription drug benefit, please check with your medical carrier as it may be covered by that benefit. Example: allergy sera.

### **Deductible/Coinsurance/Copayment**

Each prescription order may be subject to a deductible and coinsurance/copayment. If the prescription order includes more than one covered drug, a separate coinsurance/ copayment will apply to each covered drug. The amount you pay for your prescription drugs will be no less than the minimum copay (unless the usual and customary retail price is less than the minimum copay) and it will be no more than the lesser of your scheduled copayment/coinsurance amount or the Maximum Allowable Amount. Please see the Schedule of Benefits for any applicable deductible and coinsurance/copayment. If you receive Covered Services from a non-network pharmacy, a deductible and coinsurance/copayment amount may also apply.

### **Days' Supply**

The number of days' supply of a drug that you may receive is limited. The days supply limit applicable to prescription drug coverage is shown in the Schedule of Benefits. If you are going on vacation and you need more than the days supply allowed for a retail prescription under this Plan, you should ask your retail pharmacist. If your prescription is through mail order (the Express Scripts Pharmacy or Accredo Health Group, Inc.), call Express Scripts and request an override for one additional refill. This will allow you to fill your next prescription early. If you require more than one extra refill, please call the Customer Service telephone number on the back of your ID card.

Days' supply may be less than the amount shown in the Schedule of Benefits due to Prior Authorization, Quantity Limits, and/or age limits and Utilization Guidelines.

### **Tiers**

Your copayment/coinsurance amount may vary based on whether the prescription drug, including covered Specialty Drugs, has been classified by the Plan as a first, or second, or third, or fourth "tier" drug. The determination of tiers is made by the Plan, on behalf of the Employer, based upon clinical information, and, where appropriate, the cost of the drug relative to other drugs in its therapeutic class or used to treat the same or similar condition, the availability of over-the-counter alternatives, and certain clinical economic factors.

- Tier 1 generally includes generic prescription drugs.
- Tier 2 generally includes brand name or generic drugs that based upon their clinical information, and where appropriate, cost considerations are preferred relative to other Drugs.
- Tier 3 generally includes brand name or certain generic drugs that based upon their clinical information, and where appropriate, cost considerations are not preferred relative to other drugs in lower tiers.
- Tier 4 generally includes injectable, specialty drugs. To see if a drug is in the 4<sup>th</sup> tier, call Express Scripts at the number on the back of your ID card or access [www.express-scripts.com](http://www.express-scripts.com) to price your medication.

### **Payment of Benefits**

The amount of benefits paid is based upon whether you receive the Covered Services from a retail pharmacy, a specialty pharmacy, a non-network retail pharmacy, or the Express Scripts Pharmacy Mail Service program. It is also based upon the Tier classified by the Plan for the prescription drug or specialty drug. Please see the Schedule of Benefits for the applicable amounts, and for applicable limitations on number of days supply.

The Plan, on behalf of the Employer, retains the right at its discretion to determine coverage for dosage formulations in terms of covered dosage administration methods (for example by mouth, injections, topical or inhaled) and may cover one form of administration and exclude or place other forms of administration on other Tiers.

The amounts for which you are responsible are shown in the Schedule of Benefits. No payment will be made by the Plan for any Covered Service unless the negotiated rate exceeds any applicable deductible and/or copayment/coinsurance for which you are responsible.

Your copayment(s), coinsurance and/or deductible amounts will not be reduced by any discounts, rebates or other funds received by Express Scripts and/or the Plan from drug manufacturers or similar vendors. For Covered Services provided by a retail pharmacy, retail specialty pharmacy, Accredo Health Group, Inc. mail order specialty pharmacy or through the Express Scripts Mail Service Pharmacy, you are responsible for all deductibles and/or copayment/coinsurance amounts.

For Covered Services provided by a non-network retail pharmacy, you will be responsible for the amount(s) shown in the Schedule of Benefits. This is based on the Maximum Allowable Amount.

### **How to Obtain Prescription Drug Benefits**

How you obtain your benefits depends upon whether you go to a network or a non-network pharmacy.

#### **Network Retail Pharmacy –**

- The retail pharmacy network includes the following chains: Walgreens, CVS, Wal-Mart, Meijer, Target, Kroger, Marsh, and more.
- For the names of participating pharmacies, call 877-841-5241 or visit [www.express-scripts.com](http://www.express-scripts.com)
- Present your written prescription from your physician and your ID card to the pharmacist at a network retail pharmacy. Alternatively, some physicians send prescriptions to pharmacies electronically. The Pharmacy will submit your claim for you. You will be charged at the point of purchase for applicable deductible and/or copayment/coinsurance amounts. If you do not present your ID card, you will have to pay the full retail price of the prescription. If you do pay the full charge, ask your pharmacist for an itemized receipt and submit it to Express Scripts using a direct claim reimbursement form, which you can request from Express Scripts customer service.

#### **Specialty Drugs –**

- Specialty medications are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, and rheumatoid arthritis.
- By ordering your specialty medications through our dedicated specialty pharmacy, Accredo Health Group, Inc., you can receive toll-free access to specialty-trained pharmacists and nurses 24 hours a day, 7 days a week. Accredo Health Group, Inc. offers therapy-specific teams that provide an enhanced level of personalized

service to patients with special therapy needs. For more information or to order your specialty medications, please call Member Services at (800) 803-2523.

#### **Non-Network Retail Pharmacy –**

- If you visit a non-network retail pharmacy, you are responsible for payment of the entire amount charged by the non-network retail pharmacy and will then need to submit a prescription drug claim to Express Scripts for reimbursement consideration.
- These forms are available from Express Scripts by calling the customer service number on the back of your identification card or by visiting [www.express-scripts.com](http://www.express-scripts.com)
- You must complete the form, attach an itemized receipt to the claim form, and submit to Express Scripts. The itemized receipt must show:
  - o name and address of the non-network retail pharmacy;
  - o patient's name;
  - o prescription number;
  - o date the prescription was filled;
  - o NDC number (drug number)
  - o name of the drug and strength
  - o cost of the prescription;
  - o quantity and days' supply of each covered drug or refill dispensed.
  - o Doctor name or ID number
  - o DAW (dispense as written) code
- You are responsible for the amount shown in the Schedule of Benefits. This is based on the Maximum Allowable Amount as determined by Express Scripts' normal or average contracted rate with network pharmacies on or near the date of service.

#### **The Express Scripts Pharmacy, Mail Service –**

- Through this service, you may receive up to a 90-day supply of many maintenance medications.
- Complete the order form and the Health, Allergy, & Medication Questionnaire the first time you order through this service. You may mail written prescriptions from your physician, or have your physician fax or send the prescription electronically to the Express Scripts Pharmacy.
- You will need to submit the applicable deductible, coinsurance and/or copayment amounts to the Express Scripts Pharmacy when you request a prescription or refill.
- Medications are shipped standard delivery at no additional cost. You can track your prescriptions and order refills at [www.express-scripts.com](http://www.express-scripts.com) or by calling 1-877-841-5241.
- Registered pharmacists are available around the clock for consultation.

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## DEFINITIONS

**Brand Name Drug** – The first version of a particular medication to be developed or a medication that is sold under a pharmaceutical manufacturer’s own registered trade name or trademark. The original manufacturer is granted a patent, which allows it to be the only company to make and sell the new drug for a certain number of years.

**Generic Drugs** – Prescription drugs that have been determined by the FDA to be equivalent to brand name drugs, but are not made or sold under a registered trade name or trademark. Generic drugs have the same active ingredients, meet the same FDA requirements for safety, purity, and potency, and must be dispensed in the same dosage form (tablet, capsule, cream) as the brand name drug.

**Mail Service** –Offers you a convenient means of obtaining maintenance medications by mail if you take prescription drugs on a regular basis. Covered prescription drugs are ordered directly from the licensed Mail Service Pharmacy that has entered into a reimbursement agreement with the Plan, and sent directly to your home.

**Maintenance medications** – Maintenance drugs are those generally taken on a long-term basis for conditions such as high blood pressure and high cholesterol. Examples of maintenance medications are Zocor and generic simvastatin, and Lipitor to lower cholesterol/lipids. What is the difference between long-term and short-term drugs? Long-term drugs are those taken on an ongoing basis, such as those used to treat high blood pressure or high cholesterol. Short-term drugs include antibiotics and other medications that you take for short periods of time.

**Network Specialty Pharmacy** – A Pharmacy that has entered into a contractual agreement or is otherwise engaged by the plan to render Specialty Drug Services, or with another organization that has an agreement with the plan, to provide Specialty Drug services and certain administrative functions to you for the Specialty Pharmacy Network.

**Non-Network Specialty Pharmacy** – Any pharmacy that has not entered into a contractual agreement nor is otherwise engaged by to render Specialty Drug Services, or with another organization that has an agreement with the Plan, to provide Specialty Drug services to you for the Specialty Pharmacy Network.

**Pharmacy** - An establishment licensed to dispense prescription drugs and other medications through a duly licensed pharmacist upon a physician’s order. A pharmacy may be a network provider or a non-network provider.

**Pharmacy and Therapeutics (P&T) Committee** – The P&T Committee consists of healthcare professionals whose primary purpose is to recommend policies in the evaluation, selection, and therapeutic use of drugs.

**Preceding Prescription Drug** - A prescription drug that, according to step therapy protocol, must be (1) first used to treat a covered individual's condition; and (2) as a result, determined to be inappropriate to treat the Plan member's condition.

**Prescription Order** – A legal request, written by a provider, for a prescription drug or medication and any subsequent refills.

**Prescription Legend Drug, Prescription Drug, or Drug** – A medicinal substance that is produced to treat illness or injury and is dispensed to patients. Under the Federal Food, Drug & Cosmetic Act, such substances must bear a message on its original packing label that states, "Caution: Federal law prohibits dispensing without a prescription." Compounded (combination) medications, which contain at least one such medicinal substance, are considered to be prescription legend drugs. Insulin is considered a prescription legend drug under the Plan.

**Prior Authorization** – The process applied to certain services, supplies, treatment, and certain drugs and/or therapeutic categories to define and/or limit the conditions under which they will be covered. Prescription drugs and their criteria for coverage are defined by the P&T Committee.

**Step Therapy Protocol exception** - A determination by the prescription drug plan administrator that, based on a review of a request for the determination and any supporting documentation: (1) a step therapy protocol is not medically appropriate for treatment of a particular Plan member's condition; and (2) the prescription drug plan will:

- Not require the Plan member's use of a preceding prescription drug under the step therapy protocol; and
- Provide immediate coverage for another prescription drug that is prescribed for the covered Plan member.

**Step Therapy** - A protocol that specifies that, as a condition of coverage, the order in which certain prescription drugs must be used to treat a Plan member's condition.

**Urgent Care Situation** - A Plan member's injury or condition about which the following apply: (1) If medical care or treatment is not provided earlier than the time frame generally considered by the medical profession to be reasonable for a non-urgent situation, the injury or condition could seriously jeopardize the Plan member's life, health or ability to regain maximum function; (2) If medical care or treatment is not provided earlier than the time frame generally considered by the medical profession to be reasonable for a non-urgent situation, the injury or condition could subject the Plan member to severe pain that cannot be adequately managed, based on the Plan member's treating health care provider's judgment.

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## How to reach Express Scripts:

### On the Internet

- To reach Express Scripts online, go to [www.express-scripts.com](http://www.express-scripts.com)
- Visit the Express Scripts website anytime to refill your mail-order prescriptions, check the status of your Mail Service order, request more claim forms and order forms, view the formulary or find a participating retail pharmacy near you.
- You can download the Express Scripts app for your Smartphone

### By telephone

- Call 877-841-5241 to get answers to your questions about your prescription drug program.

### By mail

- When not using a postage-paid envelope to mail prescriptions to the Express Scripts Pharmacy, please send prescriptions  
to: EXPRESS SCRIPTS  
Attn: Commercial Claims  
PO BOX 14711  
Lexington, KY 40512-4711

### Special Services

- You may call a registered pharmacist at any time for emergency consultations at (877) 841-5241.
- Our hearing-impaired members may use our TDD number at (800) 759-1089, 24 hours a day, 7 days a week.
- Visually impaired members may request that their mail-order prescriptions include labels in large print or BRAILLE by calling (877) 841-5241.
- For information on specialty medications through Accredo Health Group, Inc., call toll-free at (800) 803-2523

## GRIEVANCE & APPEAL PROCEDURES:

To formally lodge a complaint with Express Scripts, please call (877) 841-5241. Your initial response will be addressed by a Customer Service Representative.

Your concerns will be logged into Express Scripts' Customer Service Contact System. Unresolved complaints will be escalated to a customer service resolution expert or to a supervisor. You can also request that your issue be escalated.

If your issue is still not resolved to your satisfaction, you have the right to file a formal appeal either verbally by phone, or by mail.

You will receive a follow up phone call and/or letter regarding resolution of your issue.