



# State of New Hampshire

## Active Employee Prescription Drug Benefit Program

	RETAIL PHARMACY	MAIL ORDER PHARMACY
	<b>For immediate or short-term medication needs<sup>1</sup></b>	<b>For maintenance or long-term medication needs<sup>1</sup></b>
<b>YOU WILL PAY</b>	<ul style="list-style-type: none"> <li>• <b>\$10</b> for each generic medication</li> <li>• <b>\$25</b> for each preferred brand-name medication<sup>2</sup></li> <li>• <b>\$40</b> for each non-preferred brand-name medication<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$1</b> for each generic medication</li> <li>• <b>\$40</b> for each preferred brand-name medication<sup>2</sup></li> <li>• <b>\$70</b> for each non-preferred brand-name medication<sup>2</sup></li> </ul>
<b>PREVENTIVE</b>	<b>\$0 Co-Pay</b> for certain preventive maintenance medications (some age and brand restrictions apply) <sup>3</sup>	
<b>MAXIMUM OUT-OF-POCKET</b>	<b>\$750</b> per individual per calendar year <b>\$1,500</b> per family per calendar year	
<b>DAY SUPPLY LIMIT</b>	Up to a <b>31-day</b> supply	Up to a <b>90-day</b> supply
<b>REFILL LIMIT</b>	One initial fill plus two refills for maintenance or long-term medications. For each additional fill, you will pay 100% of the prescription cost. <sup>4</sup>	None
<b>PRIOR AUTHORIZATION REQUIRED</b>	Acne Therapy, Amevive, Antiemetic Agents, Apokyn, Botox and Myobloc for Non-Cosmetic Purposes Only, Celebrex, Misc. Dermatologicals, Erectile Dysfunction, Erythroid Stimulants, Growth Hormones, Hypnotic Agents, Interferons, Migraine Agents, Multiple Sclerosis Therapy, Myeloid Stimulants, Platelet Proliferation Stimulants, Provigil, Rheumatoid Arthritis Therapy, Xolair, Wellbutrin and its generics.	

- <sup>1</sup> Your plan may have coverage limits, be subject to dispensing limitations and may not cover certain medications. Please contact Express Scripts at 1-866-544-1798 or log on to Express-Scripts.com for the most up-to-date plan information.
- <sup>2</sup> When a generic equivalent is available but the pharmacy dispenses the brand-name medication for any reason other than a doctor's "dispense as written" or equivalent instructions, you will pay the generic copayment plus the difference in cost between the brand-name and generic.
- <sup>3</sup> Your prescription benefits provide access to certain preventive medications at no cost to you. In some situations, over-the-counter (OTC) medications may also be covered at 100% with a prescription. Preventive medication categories include: women's preventive services and contraception coverage, smoking cessation, aspirin, fluoride, folic acid, iron supplements, vitamin D, and bowel preparation for colonoscopy screenings. Certain brand, age and gender restrictions apply. Call Member Services toll-free at 1-866-544-1798 to learn more about the eligibility criteria.
- <sup>4</sup> Your plan requires that maintenance or long-term medications be filled through the Express Scripts Pharmacy<sup>SM</sup> Home Delivery Service once you exceed the refill limit per prescription. Your plan also includes the Select Active Choice (Mail Order Opt-Out) Program. For more information, please call Express Scripts toll-free at 1-866-544-1798 to talk with a Member Service Representative about the opt-out program.

### Choosing Where to Fill Your Prescription

For **short-term medications**, such as antibiotics, use a participating retail pharmacy. As a member, you can go to any of nearly 60,000 retail pharmacies, including most major drugstores. Just ask your retail pharmacy if it is in the Express Scripts' network. You can also log on to Express-Scripts.com and click "Locate a pharmacy" or call Member Services toll-free at 1-866-544-1798. Please note, if you fill a prescription at a non-participating retail pharmacy, you will be responsible for paying 100% of the cost of the medication. You will then need to submit a paper claim form along with the original prescription receipt(s) for reimbursement of covered expenses.

**Long-term medications** are those medications taken to treat an on-going condition, such as high blood pressure, high cholesterol or diabetes. You will generally save money by using mail order for these prescriptions. Choose one of the three easy ways to start using the Express Scripts Pharmacy<sup>SM</sup> Home Delivery Service:

1. Go to StartHomeDelivery.com and register for Express Scripts Pharmacy<sup>SM</sup>.
2. Contact Member Services toll-free at 1-866-544-1798 and speak to a Patient Care Advocate.
3. Fill out and send in a mail service order form found on the Express-Scripts.com website along with your written prescription.

### Member Services

If you have questions about your prescriptions or benefits, you can contact Member Services 24 hours a day, seven days a week, toll-free at **1-866-544-1798**. For Telecommunication Device assistance please call toll-free **1-800-759-1089**.

**Express-Scripts.com** is also available to help you manage your prescription drug benefits. By registering online, you can order mail service refills, check order status, price medications, and much more.

### **Day Supply and Refill Limit from a Retail Pharmacy**

You can get up to a 31-day supply of medication each time you have a prescription filled at a participating retail pharmacy. Ask your doctor to write a prescription for up to a 31-day supply, when clinically appropriate.

You may obtain one initial fill plus two refills for maintenance or long-term medications at a retail pharmacy. It will then be necessary for you to utilize the Express Scripts Pharmacy<sup>SM</sup> Home Delivery Service for additional supplies. Otherwise, you will be responsible for 100% of the cost of the medication when filled at a retail pharmacy. To determine if your prescription is classified as maintenance or long-term, please call Member Services at 1-866-544-1798 or log-on to Express-Scripts.com.

### **Day Supply Limit from Express Scripts Pharmacy<sup>SM</sup> Home Delivery (Mail Order Pharmacy)**

You can get up to a 90-day supply of medication when you get a prescription filled through the Express Scripts Pharmacy<sup>SM</sup> Home Delivery Service. Ask your doctor to write a prescription for up to a 90-day supply plus three refills for up to one year when clinically appropriate.

### **Convenient Home Delivery (Mail Order)**

Orders are usually processed and mailed within 48 hours of receipt. Please allow 8 days from the day you mail in your prescription. You can check on the status of your order by logging on to Express-Scripts.com. Or you can call Member Services and use the automated system. If you are a first-time visitor to the website, take a moment to register. Have your member ID number handy.

### **Payment Options**

When using home delivery, you can pay by check, e-check (see below for additional information), money order or credit card. If you prefer to use a credit card, you have the option of joining Express Scripts' automatic payment program by calling 1-800-948-8779 or by enrolling online. Credit cards accepted include Visa, MasterCard, Discover, American Express, and Health Reimbursement (HRA) or Flexible Spending Account (FSA) debit cards.

E-check is another term for electronic fund transfer. When you pay for mail order prescriptions with e-check, your copayments are conveniently deducted from your checking account. There is a 10-day grace period between the time your order is sent and when the amount is deducted from the assigned checking account. (The amount that is being deducted will be included in the prescription information that accompanies your order.)

### **Other Important Plan Information**

#### **Express Scripts Formulary Drug List**

Your plan is subject to a list of prescription drugs that are preferred by the plan because of their safety, clinical effectiveness and ability to help control prescription drug costs. The drug list is updated on a regular basis. Log on to Express-Scripts.com or call Member Services at 1-866-544-1798 to access the most current information for your plan.

#### **Select Active Choice (Mail Order Opt Out)**

Your plan includes the Select Active Choice (Mail Order Opt Out) program. This program can be used for plan participants who feel that using home delivery service would create undue hardship. The Select Active Choice program gives you the choice of filling your maintenance or long-term prescriptions through the Express Scripts Pharmacy<sup>SM</sup> Home Delivery Service or at a retail pharmacy location. If you think filling your maintenance or long-term prescriptions through home delivery will create a hardship for you, please call Express Scripts toll-free at 1-877-603-1032 to talk with a Member Services Representative about the opt-out program or visit Express-Scripts.com/Decide to notify Express Scripts of your decision to opt-out. Please note, you may only receive up to a 31-day supply at a retail pharmacy location and you will be subject to the retail copayment. Even if you elect to opt-out now, you can still choose to use mail service at any time.

#### **Brand Name Medications Requiring the Use of a Generic First (Step Therapy)**

You can save money by using safe, effective generic medications when possible. Your plan requires using an alternative generic medication for certain brand-name medications first unless you have tried a generic. Brand-name medications will be covered under your plan if your prescription history shows you have tried an alternative generic. Please call Express Scripts toll-free at 1-866-544-1798 to talk with a Member Services Representative about your plan and options available if you must take the brand-name medication because of a medical condition or allergy.

#### **Drug Quantity Management**

Your plan includes quantity limits for some medications limiting the amount of medication for which your plan will pay. Please call Express Scripts toll-free at 1-866-544-1798 to talk with a Member Services Representative about the limits and options available if your doctor determines additional quantities are clinically appropriate.

#### **Prior Authorization**

Some medications may require approval before the prescription can be filled. If your prescription requires prior authorization, you or your doctor can initiate the prior authorization review by calling Express Scripts at 1-800-753-2851. Express Scripts will inform you and your doctor in writing of the coverage decision.

#### **Specialty Medications**

Specialty medications are drugs that are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, and rheumatoid arthritis. Whether they are administered by a healthcare professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service. All specialty medications will be provided by Accredo Health Group, Inc., an Express Scripts specialty pharmacy. For more information about Accredo, or to order your specialty medications, call Express Scripts Member Services at 1-866-544-1798.