

Prescription clinical program basics

Express Scripts administers several clinical programs under the prescription benefit program. These programs are in place to help ensure safe and effective use of your prescriptions and that you are getting your prescriptions at the lowest out-of-pocket costs. As always, any questions or concerns about any prescriptions you are taking should be discussed with your treating provider.

- Formulary list:
 - This is a list of generic and brand-name prescribed medications covered by the prescription plan. The National Preferred Formulary is available on this open enrollment site as a PDF.

- Mandatory generics:
 - When a generic medication with the same proven efficacy as a brand-name equivalent medication is available, you can either fill the prescription using the generic medication and pay the generic copay, or you can choose to fill the prescription using the brand-name medication and pay the appropriate generic copay plus the difference in ingredient cost between the generic and brand medications.
 - If for clinical reasons you cannot tolerate a generic, your doctor can submit an appeal to Express Scripts with the clinical information documented. If approved, you will pay the brand copay without any penalty.

- Prior authorization:
 - Some medications require prior authorization, so Express Scripts will need clinical information from the prescribing doctor to ensure the prescribed medication will work well for the condition. Only the prescribing doctor can provide this information to Express Scripts.
 - For home delivery, Express Scripts will automatically initiate the prior authorization with the doctor.
 - At a retail pharmacy, the pharmacist will tell you if the medication requires a prior authorization. The doctor will need to contact the Express Scripts Prior Authorization Department by phone or web.
 - Alternatively, the prior authorization process can be completed via the physician electronic medical record system to initiate a coverage review to have the medication covered under the plan.
 - The number for providers to contact Express Scripts regarding prior authorizations is 800.753.2851 (doctors only).

- Step therapy:
 - This program is in place to ensure our patients get safe and proven-effective medication for the applicable condition. Medications are then grouped in categories or “steps.”

- First-line medications – These are the first step and are typically generic and lower-cost brand-name medications. They are proven to be safe and effective, as well as affordable. In most cases, they provide the same health benefit as more expensive medications, but at a lower cost.
- Second-line medications – These are the second and third steps and are typically brand-name medications. They are best suited for the few patients who don't respond to first-line medications. They are also the most expensive options.
- To determine if a medication is subject to step therapy, use the “Price a medication” tool on the Express Scripts open enrollment site to check the coverage of the medication.
 - To price a medication after January 1st, use **express-scripts.com** and register with either your social security number or your Express Scripts Rx ID #.
 - If step therapy applies, you will see a list of first-line alternatives. You can provide that list to your doctor to choose the medication your plan covers that best treats your condition.
- Drug quantity management:
 - Certain medications are part of a drug quantity management program (DQM). Express Scripts makes sure you get the right medication in the right amounts that are considered safe and effective by the FDA.
 - When you submit a prescription for a medication in a DQM program, you will get the recommended amount, which should last until it's time for a refill, without having to do anything. If you need a larger quantity, please have your physician contact at Express Scripts at 800.753.2851 to go through the coverage review process.

To save you time and money, and to avoid a penalty, some of your medications may need to be filled through a specific type of pharmacy.

- Mandatory maintenance medications:
 - Maintenance medications (medication you take on an ongoing basis) need to be filled through home delivery from Express Scripts® Pharmacy after the third refill. **Through Express Scripts® Pharmacy, you can receive up to a 3-month supply.** At a retail pharmacy, you can receive up to a 1-month supply.
 - You will be responsible for 100% of the cost of your ***maintenance*** medication after the third fill at a retail pharmacy location. This cost will not apply to your deductible or out-of-pocket maximums.
 - To avoid paying full cost, please ask your doctor to send a new prescription to Express Scripts® Pharmacy after the second fill at a retail pharmacy. Your doctor can e-prescribe the prescription to Express Scripts® Pharmacy, or you can submit the prescription to Express Scripts® Pharmacy by completing a home delivery form that can be found at [express-scripts.com](https://www.express-scripts.com). On the Express Scripts website, go to “Benefits,” then select “Forms” and “Get Started with Home Delivery.” There is also a fax form on the website that can be provided to your

doctor, if you doctor wishes to fax the prescription to Express Scripts® Pharmacy.

- Specialty medications:
 - **All specialty prescriptions** must be filled through Accredo, an Express Scripts specialty pharmacy. While a retail pharmacy may carry this medication in stock, you will pay 100% of the cost for any specialty medication fills at a retail location, which will not apply to your deductible or out-of-pocket maximums.
 - Specialty prescriptions are limited to a 1-month supply. In certain cases in which a specialty medication is used long term, the days' supply may increase to a 3-month supply.

- Pillar Rx:

IPC Copay Assistance Program, powered by PillarRx offers copay assistance management for targeted medications. The program applies a 30% cost share to high-cost medications without financial impact for you. A Care Team Coordinator will work with you directly to enroll in the appropriate manufacturer copay assistance program and ensure your out-of-pocket amount is between \$0 and \$50 depending on the medication. The 30% cost share will not apply to your deductible or out-of-pocket maximum, as these dollars are not actually paid by you. Please contact a Care Team Coordinator if you have any questions or if your copay is higher than expected at 636.614.3126.

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- Opioid and narcotic pain medications:
 - To help combat the opioid crisis, new prescriptions of opioid and narcotic pain medications may be subject to reduced days' supply of certain medications on the initial filling. This quantity may be increased if additional medication is needed.