



▶ Value 5-Tier

Q & A:
Your Prescription
Drug Benefit



prescription drug

This Q & A provides highlights of your 5-tier prescription drug coverage. You will receive a complete description of your pharmacy benefit, including limitations and exclusions, after you enroll.

The 5-tier benefit

How does this benefit work?

Our 5-tier drug benefit places all covered medications into one of five levels or tiers.

**TIER
1**

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Tier 1 is primarily made up of lower-cost generic drugs that Harvard Pilgrim has selected. These drugs contain the same active ingredients as their brand-name counterparts. You pay the lowest cost-sharing amount for Tier 1 drugs.

**TIER
2**

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Tier 2 is primarily made up of higher-cost generic drugs that Harvard Pilgrim has selected. These drugs contain the same active ingredients as their brand-name counterparts.

**TIER
3**

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Tier 3 is primarily made up of preferred brand-name drugs that do not have generic equivalents. These drugs have been selected because of their overall high value based on a review of the relative safety, effectiveness and cost of the many brand-name drugs on the market. Tier 3 may also include some generic drugs that have lower-cost or over-the-counter alternatives.

**TIER
4**

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Tier 4 is primarily made up of preferred specialty drugs and non-preferred brand-name drugs. Tier 4 may also include generic drugs that have lower-cost or over-the-counter alternatives.

**TIER
5**

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Tier 5 is primarily made up of non-preferred specialty drugs and other selected, high-cost brand-name and generic drugs. You pay the highest cost-sharing amount for Tier 5 drugs.

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Indicates lowest cost sharing to highest cost sharing

What do I pay for my medications?

Depending on your plan, your payments—also called “cost sharing”—may include a combination of copayments, coinsurance and a deductible. Refer to the *Prescription Drug Coverage* insert or *Schedule of Benefits* to find out what you will pay for prescriptions. All payments are due to the pharmacy at the time you purchase your medications.

- ▶ **COPAYMENT:** A fixed dollar amount you pay per prescription. In most cases, there are different copayments for each of the five tiers. Each copayment covers up to a 30-day supply for each prescription or refill, except when limited by the plan. If your physician prescribes less than a 30-day supply of a medication, each copayment covers the amount prescribed. Harvard Pilgrim may limit the quantity of a drug available per 30-day period or per copayment.
- ▶ **COINSURANCE:** A percentage amount you pay for a medication. The percentage may be different for each of the five tiers.
- ▶ **DEDUCTIBLE:** A specific dollar amount you must pay each year before coverage begins. The deductible may apply to drugs in any of the five tiers. Depending on your plan, the deductible may apply to drugs purchased through the Mail Service Prescription Drug Program. Additionally, some plans have a separate prescription drug deductible while others include it with their medical plan deductible. Please refer to your *Prescription Drug Coverage* insert or *Schedule of Benefits* to see your specific deductible details.
- ▶ **OUT-OF-POCKET MAXIMUM:** This is the total amount you are required to pay annually in copayments, coinsurance and deductible amounts. Some plans may include an out-of-pocket maximum for prescription drugs. Please refer to the *Prescription Drug Coverage* insert or *Schedule of Benefits* to see whether your plan includes an out-of-pocket maximum for prescription drugs.

How can I learn which tiers my medications are in?

For the most up-to-date information, visit www.harvardpilgrim.org/value5 and use the Drug Tier Look-up to find out which tiers your medications are in.*

Who determines which drugs go in which tier?

Harvard Pilgrim's Pharmacy and Therapeutics Committee is a clinician advisory group that makes recommendations for placing drugs in different tiers, as well as for setting exclusions and limitations on drug coverage. The committee comprises physicians and pharmacists who are advised by physician consultants from a large number of medical specialties. The committee makes recommendations to Harvard Pilgrim's Pharmacy Services clinical team, who are responsible for making all decisions about tier assignment.

Do drugs ever change tiers?

The tier placement of covered drugs may change from time to time. Harvard Pilgrim is working to control rising drug costs in a rapidly changing prescription drug market, while still preserving choice for our members and their physicians. When new information comes to light about prescription drugs—from published clinical research, from the federal Food and Drug Administration (FDA) or as a result of marketplace developments—Harvard Pilgrim evaluates the information and assesses whether any tier changes are necessary.

Drug coverage

What drugs are covered?

Your prescription drug benefit covers most generic drugs and most single-source brand-name drugs (i.e., those that do not have generic equivalents). Your benefit also covers certain non-prescription items. All covered drugs are subject to the applicable cost-sharing amounts. Please refer to the *Prescription Drug Coverage* insert or *Schedule of Benefits* for the cost-sharing amounts that apply to your coverage.

What drugs are not covered?

Your prescription drug benefit excludes multi-source brand-name drugs (i.e., those that have generic equivalents) and drugs that are primarily used for cosmetic purposes or weight loss. Some single-source brand-name drugs and high-cost generic drugs are excluded as well.

Are there limitations on certain drugs?

Harvard Pilgrim limits the coverage of specific drugs for reasons of cost and to ensure their safe and effective use. Limitations may be placed on the quantity of certain drugs we will cover.

For the most up-to-date information on drugs that have quantity limitations, visit www.harvardpilgrim.org/value5 and click on "Quantity limitations."*

Are there drugs that require prior authorization?

Harvard Pilgrim requires prior authorization for some medications to evaluate whether they are medically necessary. Based on clinical criteria, prior authorization may include an evaluation of: (1) whether a drug is clinically appropriate for the medical condition for which it has been prescribed; or (2) whether "step therapy" will be required. Drugs subject to step therapy are only covered if a member has either first tried another drug to treat a specific condition or obtained prior authorization to be exempted from that requirement.

To find out which medications require prior authorization or are subject to step therapy, visit www.harvardpilgrim.org/value5 and click on "Prior authorization required" or "Step Therapy."*

To request prior authorization, your physician must submit a Medication Request Form to our pharmacy benefits manager, MedImpact. Physicians can obtain these forms on the "Providers" section of www.harvardpilgrim.org or by calling MedImpact at (800) 788-2949. Determinations are generally made within 48 hours of receiving the request.

*If you don't have Internet access, please call us and we'll send you a copy of Harvard Pilgrim's *Value 5-Tier Prescription Drug List*. It includes the medications we cover, the tiers they're in, the medications that have quantity limitations and those that require prior authorization and step therapy. The Prescription Drug List and the phone call are free.

Continued on reverse ►



Are exceptions available?

Harvard Pilgrim providers may request exceptions on behalf of members for coverage of any drug that is excluded or limited. Exceptions may be granted only for clinical reasons. Harvard Pilgrim will not grant exceptions to waive or reduce the copayment or coinsurance amount of a particular drug. However, Harvard Pilgrim providers may submit a request to the Pharmacy and Therapeutics Committee to review a drug for placement in a lower tier.

Buying prescriptions

Where can I buy prescriptions?

There are thousands of pharmacies in our network (more than 65,000 nationwide), including major chains such as CVS/pharmacy, Kmart Pharmacy, Rite Aid Pharmacy, Stop & Shop, Walgreens and Walmart. You can also fill prescriptions at many local, independent pharmacies. Just present your member ID card and pay your appropriate cost-sharing amount.

To find out if a certain pharmacy participates in our network, visit www.harvardpilgrim.org/value5. Click on “Find a retail pharmacy near you.” You also can give us a call. For phone numbers, see “Questions?”

Can I buy prescriptions through the mail?

You may purchase up to a 90-day supply of maintenance medications through our Mail Service Prescription Drug Program. In addition to saving a trip to the pharmacy, some plans provide lower cost-sharing amounts when you purchase drugs through this program. See the *Prescription Drug Coverage* insert or your *Schedule of Benefits* for your mail service cost-sharing amounts.

In some states you may also be able to obtain a 90-day supply of maintenance medications from certain retail pharmacies. Find information on participating pharmacies by visiting www.harvardpilgrim.org/value5 or by calling Member Services.

What about specialty medications?

You must obtain certain specialty medications (including those for treatment of conditions such as hepatitis C, osteoarthritis, multiple sclerosis, rheumatoid arthritis and certain hereditary conditions) from pharmacies that participate in Harvard Pilgrim’s Specialty Pharmacy Program. For details, including a list of drugs that must be purchased through this program and a list of specialty pharmacies, visit www.harvardpilgrim.org/value5. Click on “Specialty Pharmacy Program.” Or call us for more information. See “Questions?” for phone numbers.

Questions?

If you have questions about your prescription drugs, please speak with your doctor. To learn more about Harvard Pilgrim’s pharmacy program, visit www.harvardpilgrim.org/value5. Or:

- If you’re already a member, call Member Services with questions at **(888) 333-4742**. For TTY service, call (800) 637-8257.
- If you’re not yet a member, call **(800) 848-9995**.

