

ABOUT YOUR PHARMACY BENEFITS

THE FORMULARY

What is a formulary?

A formulary is a list of medicines that a health plan covers. Coventry Health Care uses a committee of doctors and pharmacists (the Pharmacy & Therapeutics (P&T) Committee) to compare each drug's safety, effectiveness and cost to determine which provide the most value. Out of the hundreds of drugs available today, our formulary eliminates only a small percentage, while we have generally included several alternatives on the formulary. Our doctors and pharmacists nationwide keep up-to-date on the newest developments in medicine and continually improve the formulary based on the latest research.

Why does Coventry Health Care need a formulary?

The cost of prescription drugs, especially speciality medications, is rising faster than any other portion of health care costs. Huge drug advertising costs are one reason for cost increases. Other reasons include an aging population that uses more drugs and the high cost of research and development for new drugs. The alternative to a formulary would be to shift a greater portion of these rising costs to our members. Our formulary allows us to provide cost-effective pharmacy benefits.

How are drugs selected for the formulary?

The Coventry Health Care P&T Committee assesses and designates the drugs on our formulary. Often, two drugs are equally safe and effective, but there can be major differences in their proven benefit to patients and in their costs. We get input from local primary care doctors and specialists, which is then discussed among our medical directors and pharmacists from all of our health plans. We also consult medical literature and research to choose the best drugs for the formulary.

Following an in-depth analysis, the committee adds safe and effective drugs to the formulary. While new medications may be added throughout the year, we try to remove drugs only once a year. In addition to the formulary, certain classes of drugs (such as those for cosmetic purposes or smoking cessation) may be excluded from your coverage.

Are only the cheapest drugs on the formulary?

No. In many cases, we have eliminated the least expensive drugs and have included several more expensive drugs in the same class. Given the rapid advances in medical science, sometimes the most effective medications may be more expensive than earlier classes of drugs. However, the most expensive drug is not always the best drug.

We always give first consideration to the safety and effectiveness of medications. There are many older, less expensive drugs that have been proven to save lives, while the newer more expensive drugs have not been shown to do this. If several drugs are equivalent in terms of safety and effectiveness, then we will look at cost as a deciding factor.

Why would my doctor choose a medication that is not a preferred drug on the formulary for me?

There are many reasons why doctors write certain prescriptions. Your doctor may have simply forgotten which medications are preferred or if they are on the Coventry Health Care formulary. The formulary is available to all participating providers through our website, with updates provided quarterly. Doctors may prescribe new medications if they have seen a recent advertisement, or because a representative of a pharmaceutical company visited them recently. Sometimes doctors prescribe a medication because they have free samples in the office, without realizing that the medication is not a preferred drug or on our formulary. Also, doctors may write for medications that they have used for a long time, even when newer, better medications come on the market.

COMPARING PRESCRIPTION DRUGS

Where can I find reputable consumer information on drug comparisons?

My Rx Choices[®] helps you quickly find lower-priced prescription options to consider with your doctors. Through My Rx Choices[®], you have access to personalized, real-time pricing information that allows you to easily compare the cost of your current maintenance medication with generic and brand-name options, both at retail and through mail-order. You have access to Consumer Reports Best Buy Drugs[™] recommendations, including information on the effectiveness and safety of prescription drugs.

What if my doctor thinks I should have a drug that is not a preferred drug on the formulary?

Your doctor is able to prescribe any medication that he/she believes you should be taking. You are free to have any of these prescriptions filled and pay for the medicines yourself. We do not require your doctor to prescribe only preferred formulary medications.

If your benefit plan does not cover non-preferred formulary medications, your doctor can request a formulary exception. However, unless your doctor can show that a non-preferred formulary medication is medically necessary to treat your condition and that a preferred formulary medication is either not safe or not effective; the cost of the non-preferred formulary medication is not covered under your plan. We review your doctor's request and if it is not approved, you may still choose to have the prescription filled and pay the full cost of the non-preferred formulary drug. If you have a tiered prescription benefit, non-preferred formulary drugs are covered at a higher copayment.

How can I keep my prescription costs low?

Before your doctor prescribes a medication, be sure to ask if it is a preferred drug on our formulary. If it is not, ask your doctor if there is an equivalent preferred generic or brand name formulary medication that would work as well for you. In most cases, the doctor has two or more medications from which to choose. To access the formulary to take to your appointment, call Customer Service at the number on your member ID card or download it from the website. Most of our formulary changes during the year are additions, but the most current version is available online.

COPAYS

How is my copay determined?

The copay is determined by your benefit plan. Plans may have up to a five-tier copay structure. Tier One mostly consists of formulary generic drugs and some formulary brand name and over-the-counter drugs.

Tier Two drugs include brand name drugs that are considered formulary or preferred medications. These drugs typically are not available in generic form and will cost you more than Tier One drugs.

Tier Three includes brand name and generic drugs that are considered non-preferred or non-formulary.

Beyond Tier Three, some benefit plans have varying copays and/or co-insurance for specialty and self-injectable medications. To find out about additional copay tiers for your benefit plan, please refer to your benefit documents or call Customer Service at the number on your ID card.

PRIOR AUTHORIZATION

Why do some drugs require prior authorization?

Some drugs require prior authorization because our doctors feel that they should only be used after other medications have been tried first. Others are drugs that have only been used for very limited medical problems. In deciding what drugs to put on the prior authorization list, our committee of doctors and pharmacists consider the safety, effectiveness and cost of the drugs as well as the medical literature on the subject.

How do I get a prior authorization?

To get a prior authorization, your doctor should call, fax or send a letter to the health plan for review and approval if appropriate. Your doctor can call Pharmacy Services at the number on your ID card to request prior authorization.

What is step therapy?

Step therapy is a form of prior authorization based on previous prescriptions used. Drugs designated as stepped therapy will require prior authorization if your pharmacy claims history does not indicate that a specified drug or drugs have been previously tried when the pharmacist transmits a prescription claim.



MAIL ORDER

What drugs are available through mail-order?

Plan-approved maintenance medications are available through mail-order if you have a mail-order benefit. Some of the drugs that are excluded include non-maintenance medications, such as antibiotics, all controlled substances, and methotrexate tablets (Rheumatrex). You may check the formulary on our website to find out if specific medications are covered through mail-order or call the number on your ID card.

Who determines the mail-order list?

The health plan determines which drugs will be on the mail-order list. The mail-order list contains certain maintenance medications that are appropriate for long-term use for the majority of members. Not all medications prescribed for a long-term condition are considered maintenance medications, so we do not include them on the mail-order list. The purpose of the mail-order list is to have a consistent and convenient way to help members follow their medication treatment plans. At the same time we want to limit the risk of adverse effects, waste or abuse.

Where is my refill in the system?

To check on the status of your order, visit My Online ServicesSM and select "Prescription Benefits" under "Wellness Tools." You'll find a link to Medco on the lower-left side of the page. You can also call the number on your ID card.

How much should my payment be?

Your benefit documents explain the copay structure for the pharmacy benefit. You may also call the number on your ID card.

Who is eligible to use the mail-order prescription services?

Each individual or employer group chooses whether or not to include mail-order prescription services as part of their prescription drug benefits. To verify whether this option is available to you, please check with your employer or call the number on your ID card.

**HAVE MORE QUESTIONS?
CONTACT CUSTOMER SERVICE AT THE NUMBER
LISTED ON YOUR ID CARD.**

QUANTITY LIMITS

Why are there quantity limits?

Quantity limits are set on medications for different reasons. Many commonly used once-daily drugs have limits since these drugs are proven to be safe and effective when taken once daily. Also, drugs of different strengths often cost the same amount. In these cases, taking two pills to reach a strength found in one pill will double the cost of the therapy without improving the effectiveness.

Other drugs are on the list as a safeguard to make sure that you do not receive a prescription for a quantity that exceeds recommended limits. Limits are set because some medications have either a maximum limit recommended by the FDA or a maximum dose.

How are quantity limits determined?

The limits are reviewed and determined by clinical staff, pharmacy directors, and/or the P&T Committee. The quantity limits are based on FDA-approved dosing schedules and the medical literature related to the particular drug.

What is the exception process?

The doctor's office can contact the health plan where the pharmacy department and/or medical staff review the medical information provided by the physician and determine if an exception is appropriate. You will be notified of the decision after it has been reviewed.

