

UPMC Health Plan

University of Pittsburgh

2014 PRESCRIPTION DRUG RIDER

For Faculty & Staff Enrolled in Any
University-sponsored Medical Plan

Effective:
July 1, 2014 - June 30, 2015

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Pursuant to this prescription drug program, you may receive coverage for prescription drugs in the amounts specified in your Prescription Drug Schedule of Benefits when you fill your prescription at a UPMC Health Plan Participating Pharmacy. All capitalized terms in this Rider shall have the same meaning set forth in your Certificate of Coverage. In the event that the terms of this Rider conflict with your Certificate of Coverage, the terms of this Rider control.

PRESCRIPTION DRUG SUPPLY OVERVIEW
HMO/EPO

To be eligible for benefits, you must purchase your outpatient prescription drugs from a participating pharmacy or through the mail-order program. The chart below shows the copayments and other benefit limitations that apply to your prescription drug program.

<ul style="list-style-type: none"> ○ Retail Prescription Drugs¹ (90-day maximum supply available for 3 copayments) Available through most retail or independent pharmacies <ul style="list-style-type: none"> - Generic \$ 14 per prescription - Preferred Brand \$ 40 per prescription - Non-Preferred Brand \$ 80 per prescription ○ Mail-Order Prescription Drugs (90-day maximum supply) Available through Express Scripts, Falk Clinic Pharmacy or University Pharmacy <ul style="list-style-type: none"> - Generic \$ 28 per prescription - Preferred Brand \$ 80 per prescription - Non-Preferred Brand \$ 160 per prescription ○ Specialty Prescriptions (30-day maximum supply) Available through Accredo \$ 90 per prescription ○ DEA Class II, III, IV medications (30-day maximum supply) 	
Refill Limit	You must use 75% of your medication before you can obtain a refill.
Out-of-Pocket Limits ²	
- Individual Coverage	Please refer to your medical schedule of benefits for details
- Family Coverage	Please refer to your medical schedule of benefits for details
¹ Generic versions of contraceptives are available with no copayment. ² Claims are covered at 100% for the remainder of the benefit period when the Out-of-Pocket limit is satisfied.	

RETAIL PRESCRIPTION DRUGS/30-90DAY SUPPLY INFORMATION

Details

- Pharmacy cost shares apply to your medical plan Out of Pocket Limit.
- The Out of Pocket Limit is Aggregate:
 - When it is met by any combination of family members' claims, claims for the entire family are covered at 100% for the remainder of the Benefit Period
- Please refer to your medical schedule of benefits for details

Retail Pharmacy Network

UPMC Health Plan pharmacy provides a broad retail network which includes:

- National chain pharmacies, including: CVS Pharmacies, Giant Eagle Pharmacies, Kmart Pharmacies, Rite Aid Pharmacies, Sam's Club Pharmacies, Target Pharmacies, and Wal-Mart Pharmacies.
- An extensive network of independent pharmacies such as University Pharmacy and Falk Clinic Pharmacy along with several regional chain pharmacies.

Generally, retail pharmacies may be utilized for short-term medications, such as medications prescribed to treat illnesses such as a cold, the flu or strep throat. If you use a participating retail pharmacy, the pharmacy will bill UPMC Health Plan directly for your prescription and will ask you to pay any applicable copayment, deductible, or coinsurance. Remember, UPMC Health Plan does not cover prescription drugs obtained from non-participating pharmacies. To locate a participating pharmacy near you, call UPMC Health Plan Member Services at 1-888-499-6885, or visit www.upmchealthplan.com.

How to Use Participating Retail Pharmacies

- Take your prescription to a participating retail pharmacy or have your physician call in the prescription.
- Present your ID card at the pharmacy.
- Verify that your pharmacist has accurate information about you and your covered dependents (including your date of birth).
- Pay the required copayment or other cost-sharing amount for your prescription.
- Sign for and receive your prescription.

Obtaining a Refill from a Retail Pharmacy

You may purchase up to a one-month supply of a prescription drug through a participating pharmacy for one copayment or a 90 day supply for three copayments. If your physician authorizes a prescription refill, simply bring the prescription bottle or package to the pharmacy or call the pharmacy to obtain your refill.

Remember, UPMC Health Plan will not cover refills until you have used 75% of your medication. Please wait until that time to request a refill of your prescription drug. These refill guidelines apply to refills for drugs that are lost, stolen, or destroyed. Replacements for lost, stolen, or destroyed prescriptions will not be covered unless and until you would have met the 75% usage requirement set forth above had the prescription not been lost, stolen, or destroyed.

MAIL-ORDER PRESCRIPTION DRUGS/90-DAY SUPPLY INFORMATION

Mail-Order Pharmacy Services

Maintenance Medications:

- Generally, long-term maintenance medications may be obtained through the Express Scripts mail-order pharmacy 1-877-787-6279. Your prescription drug program allows you to receive 90-day supplies for most prescriptions from the Express Scripts mail-order pharmacy. Certain specialty medications may be limited to a one-month supply and will generally be dispensed only from Accredo specialty pharmacy.¹

Specialty Medications:

- You and your doctor can continue to order new prescriptions or refills for specialty and injectable medications by calling 1-888-773-7376. Accredo is available Monday through Friday from 8 a.m. to 9 p.m. and Saturday from 9 a.m. to 1 p.m. to assist you. TTY users should call 1-800-955-8770.

When using the mail-order or specialty pharmacy service, you must pay your copayment or other cost-sharing amount before receiving your medicine through the mail. The copayment applies to each original prescription or refill (name-brand or generic).

You may also obtain 90-day supplies for most prescriptions at the University Pharmacy by calling 412-383-1850 or Falk Clinic Pharmacy by calling 412-623-6222.

How to Use the Mail-Order Service

By Mail:

- Complete the instructions on the mail-order form. A return envelope is attached to the order form for your convenience.
- Mail the completed order form with your refill slip or new prescription and your payment (check, money order, or credit card information) to ESI. All major credit cards and debit cards are accepted.

By Telephone:

- Contact the mail-order customer service at 1-877-787-6279. The Express Scripts Inc. Customer Service Center is available 24 hours a day, seven days a week to assist you. TTY users should call 1-800-899-2114.

By Internet:

- You can access the Express Scripts website by logging on to UPMC Health Plan *MyHealth* OnLine at upmchealthplan.com. You may enter your user ID on the homepage in the member log in box. If you have not accessed *MyHealth* OnLine before, sign up for a personal, secure user ID and password by selecting “New user registration” in the member log in box. Instructions for signing up and accessing *MyHealth* OnLine are available on this page.

¹ Some common injectable medications may be available at your local pharmacy; however, other specialty injectables are available only through Accredo and may be subject to a one-month supply dispensing limit.

- Once you have successfully signed in, under the “Smart Healthcare” section, select the “Prescriptions” box. You can then scroll down to the “Order mail delivery for prescriptions” option, expand the menu, and choose the “Learn how to set-up a new mail-order prescription with Express Scripts” or “Refill an existing mail-order prescription.” You will then be directed to the Express Scripts website securely and follow the instructions provided on their website to complete the process.
- Mail-Order Refills

If you need your long-term medication refilled, you can order your refill by phone, mail, or the Internet as set forth in the following table. Be sure to order your refill 2 to 3 weeks before the completion of your current prescription. If you have questions regarding the mail-order service, contact UPMC Health Plan Member Services at 1-888-876-2756 or Express Scripts at 1- 877-787-6279.

Refills by Phone	Refills by Mail	Refills by Internet
<p>- Use a touchtone-phone to order your prescription refill or inquire about the status of your order at 1- 877-787-6279.</p> <p>- The automated phone service is available 24 hours per day.</p> <p>When you call, provide the member identification code, birth date, prescription number, your credit card number (including expiration date), and your phone number.</p>	<p>- Attach the refill label (you receive this label with every order) to your mail-order form.</p> <p>- Pay your appropriate copayment or other cost-sharing amount via check, money order, or credit card.</p> <p>- Mail the form and your payment in the pre-addressed envelope.</p>	<p>- Go to UPMC Health Plan MyHealth OnLine at www.upmchealthplan.com and see the instructions above under “By Internet.”</p>

OTHER IMPORTANT FEATURES AND INFORMATION

The *Your Choice* Formulary

Your Choice: The *Your Choice* formulary is a four-tier formulary consisting of a Generic tier, a Preferred brand tier, a Non-Preferred brand tier, and a Specialty drug tier. Brand drugs on the Preferred tier will be available to members at a lower cost share than non-preferred brands. Formulary high-cost medications such as biologicals and infusions are covered in the Specialty tier, which may have stricter days'-supply limitations than the other tiers. Some medications may be subject to utilization management criteria, including but not limited to prior authorization rules, quantity limits, or step therapy. Selected medications are not covered with this formulary.

Medications Requiring Prior Authorization

Some medications may require that the physician consult with UPMC Health Plan's Pharmacy Services Department the first time he or she prescribes the medication for you. Pharmacy Services must authorize coverage of those medications before you fill the prescription at the pharmacy. Please see your pharmacy brochure for a listing of medications that require prior authorization.

Quantity Limits

UPMC Health Plan has established quantity limits on certain medications to comply with the guidelines established by Food and Drug Administration (FDA) and to encourage appropriate prescription and use of these medications. Also, the FDA has approved some medications to be taken once daily in a larger dose instead of several times a day in a smaller dose. For these medications, your benefit plan covers only the larger dose per day.

Please note: If the physician orders a strength of a medication that does not exist, the member will be responsible for one copayment for each of the strengths required to equal the strength of the medication as prescribed by the physician.

Additional Coverage Information

Your pharmacy benefit plan may cover additional medications and supplies and may exclude medications that are otherwise listed on your formulary. Additionally, your benefit plan may include specific cost-sharing provisions for certain types of medications or may offer special deductions in cost-sharing for participating in certain health management programs. Please read this section carefully to determine additional coverage information specific to your benefit plan.

- ❖ Coverage for and/or exclusion of additional medications and supplies
 - Your pharmacy benefit plan includes coverage for oral contraceptives.
 - Your pharmacy benefit plan includes coverage for the FDA approved oral erectile dysfunction medications that are used on an as needed basis (Viagra, Cialis, and Levitra) subject to a utilization management quantity limit of four (4) tablets per 30 days. Cialis 2.5 mg, Muse, and Caverject are excluded from coverage.
 - Infertility drug coverage is included at benefit and lifetime limits set forth in the Infertility rider. Please refer to your Infertility rider for specific infertility coverage information.

Products to Treat Nicotine Dependence are covered when prescribed by a physician according to the manufacturer's recommended daily dosing as well as the manufacturer's recommended length of treatment.

- Brand name products for which an FDA-rated equivalent generic product is not available will be covered at the second tier. Generic products will be covered at no cost share. Brand products that have a FDA-rated equivalent generic version will not be covered.
- The following dosage forms will be covered with the following length of therapy limits:
 - * Gum
 - * Patches
 - * Lozenges
 - * Nasal spray
 - * Zyban
 - * Oral dosage forms
 - * Inhalers

One course of therapy is considered to be 12 weeks in length. You are limited to 2 quit attempts per 365 day period from the first date of treatment, for the duration of therapy set forth for all the products listed above. One course of therapy for the inhaler product is considered to be 24 weeks in length and is limited to one course per 365 day period. For more information, or to learn about the support services, please call UPMC Health Plan's MyHealth Ready to Quit Line at 1-800-807-0751

❖ Special Cost-Sharing Provisions for Diabetic Supplies

- Formulary blood glucose monitors do not require a copayment.
- There is no copayment for diabetic supplies when insulin is purchased.

❖ Special Cost-Sharing Provisions for Choosing Brand Name Over Generic Drugs

- According to your formulary, generic drugs will be substituted for all brand name drugs that have a generic version available.
- If you choose to purchase the brand name drug instead of the generic equivalent, you must pay the copayment associated with the brand name drug as well as the retail price difference between the brand name drug and the generic drug.
- If your prescribing physician demonstrates to UPMC Health Plan that a brand name drug is Medically Necessary, you will pay only the copayment associated with the non-preferred brand name drug.