

# State of Maine Health Plan Pharmacy Coverage

Express Scripts manages your prescription drug benefit under a contract with the State of Maine.

## **Introduction:**

This Prescriptions Benefit document describes how to get prescription medications, what medications are covered and not covered, and what portion of the prescription costs you will be required to pay.

Express Scripts, the Pharmacy Benefit Manager (PBM), manages our prescription drug benefit under contract with the State of Maine. Express Scripts maintains the Preferred Drug list (also known as a Formulary), manages a network of retail pharmacies and operates Mail Service and Specialty Drug pharmacies. Express Scripts, in consultation with the Plan, also provides services to promote the appropriate use of pharmacy benefits, such as review for possible excessive use, recognized and recommended dosage regimens, drug interactions and other safety measures.

Employees, retirees and dependents covered by the State of Maine prescription drug benefit can use either retail or the Express Scripts Mail Service Pharmacy. Your benefit covers most prescription drugs, plus insulin and some over-the-counter (OTC) diabetes supplies and certain other OTC items considered preventative under the Health Care Reform Act. Certain medications are subject to limitations and may require prior authorization for continued use.

## **Notice**

This plan does not cover all prescription drugs. Please refer to the **Limitations** section of this booklet.

## **Website**

Plan members have access to internet features offered through [www.express-scripts.com](http://www.express-scripts.com). On this web site, you can refill mail order prescriptions, manage your mail order account, locate a pharmacy, print forms, look up preferred medications and identify cost saving opportunities.

## **SCHEDULE OF BENEFITS**

You share in the cost of your benefits. You will be responsible for the copayment or coinsurance for each new prescription or refill as specified below. The copayment is payable directly to the network pharmacy at the time the prescription is dispensed.

	<b>State of Maine Prescription Benefit Plan Design</b>	
	<b>Retail Network Pharmacy (up to a 30 day supply)</b>	<b>Mail Order – Express Scripts Retail Pharmacy (up to a 90 day supply)</b>
<b>Tier 1</b> – Preferred and Non-Preferred Generics	\$10 copay per prescription	\$15 copay per prescription
<b>Tier 2</b> – Preferred Brand	\$30 copay per prescription	\$45 copay per prescription
<b>Tier 3</b> – Non-Preferred Brand	\$45 copay per prescription	\$70 copay per prescription
<b>Tier 4</b> – Specialty	25% coinsurance up to \$150	\$25% coinsurance up to \$225
<b>Lifestyle - Infertility/Erectile Dysfunction</b>	\$50 copay per prescription	\$75 copay per prescription
<b>Diabetic Medications</b>	Maximum \$25 copay for 30 day supply	Maximum \$75 copay for 90 day supply

**Out-of-pocket/ (OOP) limit** (separate from medical out-of-pocket limit):

\* \$4600 single / \$9200 family

\* prescription drug copayments/coinsurance are subject to the OOP limit; once the member and/or family OOP limit is satisfied, no additional copayments/coinsurance are required for the remainder of the calendar year. Patient Assistance Programs do not apply to the members maximum out of pocket benefit.

**Health Care Reform** Certain medications identified under Health Care Reform will be covered with no cost to the member.

**Retail out-of-network claims** are reimbursed based on copays above and member also pays any difference between the pharmacy charge and the allowable costs. You are required to pay 100% of the medication cost and then submit for reimbursement.

**Lifestyle medications (impotency/infertility)** individual lifetime infertility cap of \$10,000.

**Specialty medications** must be filled through Accredo Specialty Pharmacy.

**Dispense As Written (DAW)** If a prescriber prescribes a covered brand-name prescription drug where a generic prescription drug equivalent is available and specifies “Dispense As Written” (DAW), you will pay the cost sharing for the brand-name prescription drug. If you request a covered brand-name prescription drug where a generic prescription drug equivalent is available you will be responsible for the cost difference between the brand-name prescription drug and the generic prescription drug equivalent, plus the applicable

**Diabetic Medications:** The State of Maine participates in Express Scripts’ Patient Assurance Program<sup>SM</sup>, where Tier 2—Preferred Brand medications used to treat diabetes are subject to a member cost share cap of \$25 per 30-day supply. These medications include insulin, GLP-1, SGLT2, and DPP-4 products (examples include Humulin<sup>®</sup>/Humalog<sup>®</sup>, Lantus<sup>®</sup>, Glyxambi<sup>®</sup>, and Trulicity<sup>®</sup>). For a complete listing of the medications participating in the Patient Assurance Program, please contact Express Scripts Member Services at 1.800.595.0817. Please note, the list of medications participating in the Patient Assurance Program is subject to change.

## **Network Pharmacies**

All major chain pharmacies participate in the network. If you are using an independent drugstore, you should confirm whether it participates, too.

To find out, visit [www.express-scripts.com](http://www.express-scripts.com) or call Member Services at 1-800-595-0817.

You must present your ID card to the network pharmacy every time you get a prescription filled to be eligible for network pharmacy benefits. The network pharmacy will calculate your claim online. You will pay any copayment or coinsurance directly to the network pharmacy. You do not have to complete or submit claim forms. The network pharmacy will take care of claim submission.

## **When You Use an Out-of-Network Pharmacy**

You can directly access an out-of-network pharmacy to obtain covered outpatient prescription drugs. You will pay the pharmacy for your prescription drugs at the time of purchase and submit a claim form to receive reimbursement from the Plan. You are responsible for completing and submitting claim forms for reimbursement of covered expenses you paid directly to an out-of-network pharmacy. The Plan will reimburse you for a covered expense up to the recognized charge, less any cost sharing required by you.

## **Retail Pharmacies**

Retail pharmacy service is most convenient for short-term prescription needs. For example, if you need an antibiotic to treat an infection, you can go to one of the many pharmacies that participate in the Express Scripts network. At retail, you can get up to a 30-day or 90-day supply.

## **The Express Scripts Pharmacy, Mail Order**

Members that need medication on an ongoing basis can ask their doctor to prescribe up to a 90-day supply, plus refills if appropriate. Examples are ongoing therapies to treat diabetes, high cholesterol, high blood pressure, and asthma.

- Medications are shipped standard delivery at no additional cost.
- First-time orders are usually delivered within 8-11 days after we receive your order.
- Refills usually arrive in less time – refills ordered online are usually delivered within 3-5 days and refill orders mailed in are usually delivered within 6-9 days.
- Medication packages will include instructions for ordering refills, if applicable, and may also include information about the purpose of the medication, appropriate dosage guidelines and other important details.
- You can track your prescriptions and order refills at [www.express-scripts.com](http://www.express-scripts.com) or by calling Member Services at 1-800-595-0817.
- Registered pharmacists are available around the clock for consultation.

## **Specialty Pharmacy Network**

“Specialty Drugs” are injectable and non-injectable drugs with one or more of the following traits:

- Frequent dosing adjustments
- Intensive clinical monitoring
- Intensive patient training
- Limited or exclusive distribution
- Specialized handling or administration

Accredo Health Group, Inc., the mail order specialty pharmacy, may fill specialty drug

prescription orders, subject to a 30-day supply, and subject to the applicable coinsurance shown in the Schedule of Benefits.

Accredo Health Group, Inc., Express Scripts' Specialty Pharmacy, provides personalized counseling, expedited delivery, complimentary supplies (such as needles and syringes), and safety checks. If you or a dependent use specialty medications you can order through Accredo Health Group, Inc. The advantages for you include:

- Free expedited scheduled delivery to the location you choose (your home, doctor's office, outpatient clinic), and free supplies to administer your medication (e.g., needles, syringes)
- Individualized support from trained nurses and patient care representatives
- 24/7 access to registered pharmacists for questions
- To order specialty medications from Accredo Health Group, Inc., please call 1-800-803-2523 toll-free or have your doctor call 1-800-987-4904 between 8 a.m. and 8 p.m., Eastern Time, Monday through Friday

You may call Express Scripts to learn more about Accredo Health Group, Inc. and to determine if a specialty drug is covered, by calling Member Services at 1-800-595-0817.

### **Emergency Prescriptions**

When you need a prescription filled in an emergency or urgent care situation, or when you are traveling, you can obtain network benefits by filling your prescription at any network retail pharmacy. Call Express Scripts Member Services at 1-800-595-0817 for assistance. The network pharmacy will fill your prescription and only charge you your plan's cost sharing amount. If you access an out-of-network pharmacy you will pay the full cost of the prescription and will need to file a claim for reimbursement, you will be reimbursed for your covered expenses up to the cost of the prescription less any applicable cost sharing required by you.

### **Formulary or Preferred Drug List**

A formulary is a list of commonly prescribed medications from which your physician may choose to prescribe. The formulary is designed to inform you and your physician about quality medications that, when prescribed in place of other non-formulary medications, can help contain the increasing cost of prescription drug coverage while maintaining the high-quality of care.

Express Scripts shall not remove a prescription drug from the Plan's formulary, change the cost sharing requirements that apply to a prescription drug, or change the utilization review requirements that apply to a prescription drug unless:

- At least sixty (60) days before the removal or change is effective, send written notice of the removal or change to each Plan member for whom the prescription drug has been prescribed during the preceding twelve (12) month period or
- At the time a Plan member for whom the prescription drug has been prescribed during the preceding twelve (12) month period requests a refill of the prescription drug, provide to the Plan member: (1) written notice of the removal or change; and (2) a sixty (60) day supply of the prescription drug under the terms that applied

before the removal or change.

You may request a copy of the preferred drug list or formulary by calling Express Scripts Member Services at 1-800-595-0817 or view the list online at [www.express-scripts.com](http://www.express-scripts.com).

### **Prior Authorization**

Prior Authorization may be required for certain prescription drugs (or the prescribed quantity of a particular drug). Prior Authorization helps promote appropriate utilization and enforcement of guidelines for prescription drug benefit coverage. At the time you fill a prescription, the pharmacist is informed of the Prior Authorization requirement through the pharmacy's computer system.

Express Scripts uses criteria developed by their Pharmacy and Therapeutics Committee and they are reviewed and adopted by the Plan. The Plan or Express Scripts may contact your provider if additional information is required to determine whether Prior Authorization should be granted. Express Scripts or Plan communicates the results of the decision to both you and your provider.

If Prior Authorization is denied, written notification is sent to both you and your providers. You have the right to appeal through the appeals process. The written notification of denial you receive provides instructions for filing an appeal.

To ask if a drug requires Prior Authorization, please contact Express Scripts Member Services at 1-800-595-0817.

You, your provider, or pharmacist, may check with Express Scripts to verify covered prescription drugs, any quantity and/or age limits, prior authorization or other requirements of the Plan.

### **Medical Exceptions:**

Your prescriber may seek a medical exception to obtain coverage for drugs for which coverage is denied through Precertification. The prescriber must submit such exception requests to Express Scripts. Coverage granted as a result of a medical exception shall be based on an individual, case by case medical necessity determination and coverage will not apply or extend to other covered persons.

### **Waiver for Risk-Reducing Breast Cancer Prescription Drugs**

The per prescription copay will not apply to risk-reducing breast cancer generic prescription drugs when obtained at a network pharmacy. This means that such risk-reducing breast cancer generic prescription drugs will be paid at 100%.

### **Waiver for Tobacco Cessation Prescription and Over-the-Counter Drugs (OTC)**

The per prescription copayment will not apply to the first two 90-day treatment regimens for certain tobacco cessation prescription drugs and OTC drugs when obtained at a network

pharmacy. This means that such prescription drugs and OTC drugs will be paid at 100%. Your prescription drug copayment will apply after those two regimens have been exhausted. Covered expenses include FDA-approved prescription drugs and over-the-counter (OTC) drugs to help stop the use of tobacco products, when prescribed by a prescriber and the prescription is submitted to the pharmacist for processing.

### **Waiver for Prescription Drug Contraceptives**

The per prescription copay will not apply to contraceptive methods that are:

- Generic prescription drugs; contraceptive devices; or
- FDA-approved female generic emergency contraceptives,

when obtained at a network pharmacy. This means that such contraceptive methods will be paid at 100%.

The per prescription copay continue to apply:

- When the contraceptive methods listed above are obtained at an out-of-network pharmacy
- For contraceptive methods that are:
  - Brand-name prescription drugs and devices and
  - FDA-approved female brand-name emergency contraceptives

that have a generic equivalent, or generic alternative available within the same therapeutic drug class obtained at an out-of-network pharmacy or network pharmacy unless you are granted a medical exception.

### **Copayment/Coinsurance**

Each prescription order may be subject to a copayment or coinsurance. If the prescription order includes more than one covered drug, a separate coinsurance/copayment will apply to each covered drug. The amount you pay for your prescription drugs will be no less than the minimum copay (unless the usual and customary retail price is less than the minimum copay) and it will be no more than the lesser of your scheduled copayment/coinsurance amount or the Maximum Allowable Amount. If you receive Covered Services from a non-network pharmacy, a deductible and coinsurance/copayment amount may also apply.

### **Days' Supply**

The number of days' supply of a drug that you may receive is limited. The days' supply limit applicable to prescription drug coverage is shown in the Schedule of Benefits. If you are going on vacation and you need more than the days' supply allowed for a retail prescription under this Plan, you should ask your retail pharmacist. If your prescription is through mail order (the Express Scripts Pharmacy or Accredo Health Group, Inc.), call Express Scripts and request an override for one additional refill. This will allow you to fill your next prescription early. If you require more than one extra refill, please Express Scripts Member Services at 1-

800-595-0817.

Days' supply may be less than the amount shown in the Schedule of Benefits due to Prior Authorization, Quantity Limits, and/or age limits and Utilization Guidelines.

## **Tiers**

Your copayment/coinsurance amount may vary based on whether the prescription drug, including covered Specialty Drugs, has been classified by the Plan as either a first, second, third, or fourth "tier" drug. The determination of tiers is made by the Plan, on behalf of the Employer, based upon clinical information, and, where appropriate, the cost of the drug relative to other drugs in its therapeutic class or used to treat the same or similar condition, the availability of over-the-counter alternatives, and certain clinical economic factors.

- **Tier 1** generally includes generic prescription drugs.
- **Tier 2** generally includes brand name or generic drugs that based upon their clinical information, and where appropriate, cost considerations are preferred relative to other drugs.
- **Tier 3** generally includes brand name or certain generic drugs that based upon their clinical information, and where appropriate, cost considerations are not preferred relative to other drugs in lower tiers.
- **Tier 4** generally includes injectable, specialty drugs. To see if a drug is in the 4<sup>th</sup> tier, call Express Scripts Member Services at 1-800-595-0817 or visit [www.express-scripts.com](http://www.express-scripts.com) to price your medication.

Note, some lifestyle medications (e.g. for infertility, erectile dysfunction) are covered by the plan and would be classified in the applicable tiers listed above.

## **Payment of Benefits**

The amount of benefits paid is based upon whether you receive the Covered Services from a retail pharmacy, a specialty pharmacy, a non-network retail pharmacy, or the Express Scripts Pharmacy Mail Service program. It is also based upon the tier classified by the Plan for the prescription drug or specialty drug. Please see the Schedule of Benefits for the applicable amounts, and for applicable limitations on number of days' supply.

The Plan, on behalf of the Employer, retains the right at its discretion to determine coverage for dosage formulations in terms of covered dosage administration methods (for example by mouth, injections, topical or inhaled) and may cover one form of administration and exclude or place other forms of administration on other tiers.

The amounts for which you are responsible are shown in the Schedule of Benefits. No payment will be made by the Plan for any Covered Service unless the negotiated rate exceeds any applicable deductible and/or copayment/coinsurance for which you are responsible.

Your copayment(s), and coinsurance amounts will not be reduced by any discounts, rebates or other funds received by Express Scripts and/or the Plan from drug manufacturers or similar vendors. For Covered Services provided by a retail pharmacy, retail specialty pharmacy, Accredo Health Group, Inc. mail order specialty pharmacy or through the Express Scripts Mail



Service Pharmacy, you are responsible for all copayment/coinsurance amounts.

For Covered Services provided by a non-network retail pharmacy, you will be responsible for the amount(s) shown in the Schedule of Benefits. This is based on the Maximum Allowable Amount.

### **Coordination of Benefits (COB) - Effective 7/1/2017**

Prescription drug reimbursement is determined by using the lesser of two values, one the submitted remaining patient responsibility after the Primary plan paid or the clients plan approved amount for the claim. Whichever of those two values is lesser the plans applicable deductible and applicable copay are subtracted. The remaining balance is paid (either to the pharmacy with eCOB or the patient with Directs).

COB sets the payment responsibilities for any contract that covers you. If you are currently enrolled in more than one health plan, the State of Maine Health Plan will act as secondary coverage.

Reimbursement = < patient responsibility or plan approved amount, then minus deductible and copay.

### **Covered Prescription Drug Benefits**

Prescription drugs, unless otherwise stated below, must be medically necessary and not experimental/investigative, in order to be Covered Services. For certain prescription drugs, the prescribing physician may be asked to provide additional information before Express Scripts and/or the Plan can determine medical necessity. The Plan may, in its sole discretion, establish quantity and/or age limits for specific prescription drugs. Covered Services will be limited based on medical necessity, quantity and/or age limits established by the Plan, or utilization guidelines.

- Prescription legend drugs
- Certain OTC medications as indicated under the Affordable Health Care Act\*
- Injectable insulin and needles and syringes used for administration of insulin.
- Non-insulin needles and syringes
- Contraceptive drugs: oral, transdermal, intravaginal and injectable
- Contraceptive devices
- Prescription vitamins including prescription fluoride supplements as well as those covered under the Affordable Care Act\*
- Influenza immunizations and those immunizations covered under the Affordable Health Care Act\*
- Certain supplies and equipment are covered such as diabetic test strips, lancets, swabs,

glucose monitors, insulin pumps and inhaler spacers. Contact Express Scripts to determine approved covered supplies. If certain supplies, equipment or appliances are not available through the prescription benefit, they may be available through the medical benefit.

- Injectables unless otherwise noted as benefit exclusions.
- Prescription medical foods such as nutritional supplements, infant formulas, supplements to treat inherited metabolic diseases (including PKU)
- Prescription and some OTC smoking cessation drugs with limits of 180 days of therapy per year for nicotine, bupropion/ Zyban and for Chantix\*
- Select pharmacogenomic tests used to guide the selection and dosing of medications.

### **Non-Covered Prescription Drug Benefits**

- Over the counter drugs except insulin and those covered under the Affordable Health Care Act\*
- Over the counter vitamins except those covered under the Affordable Health Care Act\*
- Estriol compounds
- Medications used for cosmetic purposes only such as hair growth stimulants
- Allergy sera
- Blood and blood plasma products except for hemophilia factors
- Experimental/ Investigative Drugs
- Over the counter homeopathic or herbal medicines

\*Certain prescription and OTC medications are considered preventative by the Affordable Health Care Act and are covered by the benefit. A prescription is required to obtain these preventative medications through your prescription benefit. For more information, contact Express Scripts Member Services at 1-800-595-0817.

If your medication is in a category not covered by the prescription drug benefit, please check with the medical plan through Anthem as it may be covered by that benefit.

Example: allergy sera.

### **Other Covered Expenses**

The following prescription drugs, medications and supplies are also covered expenses under this Coverage:

- **Off-Label Use:**

FDA approved prescription drugs may be covered when the off-label use of the drug has not been approved by the FDA for that indication. The drug must be recognized for treatment of the indication in one of the standard compendia (the United States Pharmacopoeia Drug Information, the American Medical Association Drug Evaluations, or the American Hospital Formulary Service Drug Information). Or, the safety and effectiveness of use for this indication has been adequately demonstrated by at least one study published in a nationally recognized peer review journal. Coverage of off label use of these drugs may, in Express Scripts' discretion, be subject

to precertification, or other Express Scripts requirements or limitations subject to the laws of the State of Maine. The listing of drugs is subject to change by Express Scripts. An updated copy of the list of drugs subject to precertification shall be available upon request by you or may be accessed by reaching out to Express Scripts. You may contact Express Scripts Member Services at 1-800-595-0817.

- **Diabetic Supplies**

The following diabetic supplies upon prescription by a **physician**:

- Insulin
- Oral hypoglycemic agents
- Glucose Monitors
- Diabetic needles and syringes
- Test strips for glucose monitoring and/or visual reading
- Diabetic test agents
- Lancets/lancing devices
- Alcohol Swabs

- **Orally administered anti-cancer drugs, including chemotherapy drugs**

Orally administered anti-cancer drugs, including chemotherapy drugs may be covered when the drug is recognized for treatment of that indication in a standard reference compendium or recommended in the medical literature even if the drug is not approved by the FDA for a particular indication. This includes coverage for prescribed, orally administered anti-cancer medications used to kill or slow down the growth of cancer cells, when it is equivalent to intravenous or injected anti-cancer medications.

- **Contraceptives**

Covered expenses include charges made by a network pharmacy for the following contraceptive methods when prescribed by a prescriber and the prescription is submitted to the pharmacist for processing:

- Female oral and injectable contraceptives that are generic prescription drugs and brand-name prescription drugs
- Female contraceptive devices
- FDA-approved female generic emergency contraceptives; and
- FDA-approved female generic over-the-counter (OTC) contraceptives

Contraceptives can be paid either under your medical plan or pharmacy plan depending on the type of expense and how and where the expense is incurred.

- **Oral and Self-Injectable Infertility Drugs**

The following prescription drugs used for the purpose of treating infertility including, but not limited to:

- Urofollitropin, menotropin, human chorionic gonadotropin and progesterone.

- **Lifestyle/Performance Drugs**

The following lifestyle/performance drugs:

- Caverject or Caverject Impulse (alprostadil), Cialis (tadalafil), Edex (alprostadil) Levitra (vardenafil), Muse (alprostadil), Staxyn (vardenafil), Stendra (avanafil), and Viagra (sildenafil citrate). Expenses include any prescription drug in oral or topical form that is similar or identical class, has a similar or identical mode of action or exhibits similar or identical outcomes.
- Coverage is limited to 6 pills or other forms, determined cumulatively among all forms, for unit amounts as determined by Express Scripts to be similar in cost to oral forms, per 30 day supply. Coverage is limited to 18 pills or other forms, determined cumulatively among all forms, for unit amounts as determined by Express Scripts to be similar in cost to oral forms, per 90-day supply for mail order or retail.

- **Preventive Care Drugs and Supplements**

Covered expenses include preventive care drugs and supplements (including over-the-counter drugs and supplements) obtained at a network pharmacy. They are covered when they are:

- prescribed by a **physician**;
- obtained at a **pharmacy**; and
- submitted to a pharmacist for processing.

The preventive care drugs and supplements covered under this Plan include, but may not be limited to:

- Aspirin: Benefits are available to adults.
- Oral Fluoride Supplements: Benefits are available to children whose primary water source is deficient in fluoride.
- Folic Acid Supplements: Benefits are available to adult females planning to become pregnant or capable of pregnancy.
- Iron Supplements: Benefits are available to children without symptoms of iron deficiency. Coverage is limited to children who are at increased risk for iron deficiency anemia.
- Risk-Reducing Breast Cancer **Prescription Drugs**: Covered medical expenses include charges incurred for generic **prescription drugs** prescribed by a **physician** for a woman who is at increased risk for breast cancer and is at low risk for adverse medication side effects.
- HIV Pre-exposure prophylaxis (PrEP) medications are available to selective patients.

Coverage of preventive care drugs and supplements will be subject to any sex, age, medical condition, family history, and frequency guidelines in the recommendations of the United States Preventive Services Task Force.

### **Pharmacy Benefit Limitations**

A network pharmacy may refuse to fill a prescription order or refill when in the professional judgment of the pharmacist the prescription should not be filled.

The plan will not cover expenses for any prescription drug for which the actual charge to you is less than the required copayment or deductible, or for any prescription drug for which no charge is made to you.

You will be charged the out-of-network prescription drug cost sharing for prescription drugs recently approved by the FDA, but which have not yet been reviewed by the Express Scripts Health Pharmacy Management Department and Therapeutics Committee.

Express Scripts retains the right to review all requests for reimbursement and in its discretion make reimbursement determinations subject to the Complaint and Appeals section(s) of the Booklet subject to the laws of the State of Maine.

Express Scripts reserves the right to include only one manufacturer's product on the preferred drug list when the same or similar drug (that, a drug with the same active ingredient), supply or equipment is made by two or more different manufacturers.

Express Scripts reserves the right to include only one dosage or form of a drug on the preferred drug list when the same drug (that is, a drug with the same active ingredient) is available in different dosages or forms from the same or different manufacturers. The product in the dosage or form that is listed on our preferred drug list will be covered at the applicable copayment or coinsurance.

### **Pharmacy Benefit Exclusions**

Not every health care service or supply is covered by the plan, even if prescribed, recommended, or approved by your physician or dentist. The plan covers only those services and supplies that are medically necessary. Charges made for the following are not covered except to the extent listed under the *What the Plan Covers* section or by amendment attached to this Booklet- In addition, some services are specifically limited or excluded. This section describes expenses that are not covered or subject to special limitations.

The pharmacy plan does not cover the following expenses:

- Administration or injection of any drug.
- Any charges in excess of the benefit, dollar, day, or supply limits stated in this Booklet.
- Allergy sera and extracts.

Any non-emergency charges incurred outside of the United States 1) if you traveled to such location to obtain prescription drugs, or supplies, even if otherwise covered under this Booklet,

or 2) such drugs or supplies are unavailable or illegal in the United States, or 3) the purchase of such prescription drugs or supplies outside the United States is considered illegal.

Any drugs or medications, services and supplies that are not medically necessary, as determined by Express Scripts, for the diagnosis, care or treatment of the illness or injury involved. This applies even if they are prescribed, recommended or approved by your physician or dentist.

Biological sera, blood, blood plasma, blood products or substitutes or any other blood products.

**Contraception** - Over the counter contraceptive supplies including but not limited to: condoms; contraceptive foams; jellies; and ointments; and Services associated with the prescribing, monitoring and/or administration of contraceptives.

**Cosmetic** drugs, medications or preparations used for cosmetic purposes or to promote hair growth, including but not limited to: health and beauty aids; chemical peels; dermabrasion; treatments; bleaching; creams; ointments or other treatments or supplies, to remove tattoos, scars or to alter the appearance or texture of the skin.

Drugs administered or entirely consumed at the time and place it is prescribed or dispensed.

Drugs for which the cost is recoverable under any federal, state, or government agency or any medication for which there is no charge made to the recipient.

Drugs which do not, by federal or state law, require a **prescription** order (i.e. over-the-counter (OTC) drugs), even if a **prescription** is written.

Drugs provided by, or while the person is an inpatient in, any healthcare facility; or for any drugs provided on an outpatient basis in any such institution to the extent benefits are payable for it.

Drugs used primarily for the treatment of infertility, or for or related to artificial insemination, in vitro fertilization, or embryo transfer procedures, except as described in the *What the Plan Covers* section.

Drugs used for the purpose of weight gain or reduction, including but not limited to stimulants, preparations, foods or diet supplements, dietary regimens and supplements, food or food supplements, appetite suppressants and other medications.

Drugs used for the treatment of obesity, except for appetite suppressants prescribed by a physician.

All drugs or medications in a therapeutic drug class if one of the drugs in that therapeutic drug class is not a prescription drug.

**Durable medical equipment**, monitors and other equipment. Refer to your medical plan booklet for coverage information or call Anthem Member Services at 1-844-273-4614.

**Experimental or investigational** drugs or devices, except as described in the *What the Plan Covers* section.

This exclusion will **not** apply with respect to drugs that:

- Have been granted treatment investigational new drug (IND); or Group c/treatment IND status; or
- Are being studied at the Phase III level in a national clinical trial sponsored by the National Cancer Institute; and
- **Express Scripts** determines, based on available scientific evidence, are effective or show promise of being effective for the **illness**.

**Food items:** Any food item,

- nutritional supplements;
- vitamins.

**Implantable drugs and associated devices.** Refer to your medical plan booklet for coverage information or call Anthem Member Services at 1-844-273-4614.

**Injectables:**

- Any charges for the administration or injection of prescription drugs or injectable insulin and other injectable drugs covered by Express Scripts with the exception of contraceptives;
- Needles and syringes, except for diabetic needles and syringes;
- Injectable drugs if an alternative oral drug is available;
- For any refill of a designated self-injectable drug not dispensed by or obtained through the specialty pharmacy network. An updated copy of the list of self-injectable drugs designated by this plan to be refilled by or obtained through the specialty pharmacy network is available upon request.
- For any drug, which due to its characteristics as determined by us must typically be administered or supervised by a qualified provider or licensed certified health professional in an outpatient setting. This exception does not apply to Depo Provera and other injectable drugs used for contraception.

Insulin pumps or tubing or other ancillary equipment and supplies for insulin pumps. Refer to your medical plan booklet for coverage information or call Anthem Member Services at 1-844-273-4614.

Prescription drugs for which there is an over-the-counter (OTC) product which has the same active ingredient and strength even if a prescription is written.

Prescription drugs, medications, injectables or supplies provided through a third party vendor contract with the contract holder.

Prescription drugs dispensed by a mail order pharmacy that include prescription drugs that cannot be shipped by mail due to state or federal laws or regulations, or when the plan considers shipment through the mail to be unsafe. Examples of these types of drugs include, but are not limited to, narcotics, amphetamines, DEA controlled substances and anticoagulants.

Prescription drugs that include an active metabolite, stereoisomer, prodrug (precursor) or altered formulation of another drug and is not clinically superior to that drug as determined by the plan.

Prescription drugs that are ordered by a dentist or prescribed by an oral surgeon in relation to the removal of teeth, or prescription drugs for the treatment of a dental condition.

Prescription drugs that are non-preferred drugs, unless non-preferred drugs are specifically covered as described in your Schedule of Benefits. However, a non-preferred drug will be covered if in the judgment of the prescriber there is no equivalent prescription drug on the preferred drug guide or the product on the preferred drug guide is ineffective in treating your disease or condition or has caused or is likely to cause an adverse reaction or harm you.

Prescription drugs that are being used or abused in a manner that is determined to be furthering an addiction to a habit-forming substance, the use of or intended use of which would be illegal, unethical, imprudent, abusive, not medically necessary, or otherwise improper; and drugs obtained for use by anyone other than the member identified on the ID card.

Prescription orders filled prior to the effective date or after the termination date of coverage under this Booklet.

Progesterone for the treatment of premenstrual syndrome (PMS) and compounded natural hormone therapy replacement.

Prophylactic drugs for travel.

Refills over the amount specified by the prescription order. Before recognizing charges, Express Scripts may require a new prescription or proof as to need, if a prescription or refill appears excessive under accepted medical practice standards.

Refills dispensed more than one year from the date the latest prescription order was written, or as otherwise allowed by applicable law of the jurisdiction in which the drug is dispensed.  
Replacement of lost or stolen prescriptions.

Drugs services and supplies given in connection with treatment of an occupational injury or occupational illness.

## **How to Obtain Prescription Drug Benefits**

How you obtain your benefits depends upon whether you go to a network or a non-network pharmacy.

### **Network Retail Pharmacy**

- The retail pharmacy network includes the following chains: Walgreens, CVS, Wal-Mart, Target, Hannaford, Rite Aid, and more.
- For the names of participating pharmacies, call Express Scripts Member Services at 1-800-595-0817 or visit [www.express-scripts.com](http://www.express-scripts.com).



- Present your written prescription from your physician and your ID card to the pharmacist at a network retail pharmacy. Alternatively, some physicians send prescriptions to pharmacies electronically. The Pharmacy will submit your claim for you. You will be charged at the point of purchase for applicable copayment/coinsurance amounts. If you do not present your ID card, you will have to pay the full retail price of the prescription. If you do pay the full charge, ask your pharmacist for an itemized receipt and submit it to Express Scripts using a direct claim reimbursement form, which you can request from Express Scripts Member Services at 1-800-595-0817 or visit [www.express-scripts.com](http://www.express-scripts.com).

### Specialty Drugs

- Specialty medications are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, and rheumatoid arthritis.
- By ordering your specialty medications through our dedicated specialty pharmacy, Accredo Health Group, Inc., you can receive toll-free access to specialty-trained pharmacists and nurses 24 hours a day, 7 days a week. Accredo Health Group, Inc. offers therapy-specific teams that provide an enhanced level of personalized service to patients with special therapy needs. For more information or to order your specialty medications, please call Accredo Member Services at 1-800-803-2523.

### Non-Network Retail Pharmacy

- If you visit a non-network retail pharmacy, you are responsible for payment of the entire amount charged by the non-network retail pharmacy and will then need to submit a prescription drug claim to Express Scripts for reimbursement consideration.
- These forms are available from Express Scripts by calling Member Services at 1-800-595-0817 number on the back of your identification card or by visiting [www.express-scripts.com](http://www.express-scripts.com).
- You must complete the claim form, attach an itemized receipt to the claim form, and submit to Express Scripts. The itemized receipt must show:
  - o name and address of the non-network retail pharmacy;
  - o patient's name;
  - o prescription number;
  - o date the prescription was filled; o NDC number (drug number)
  - o name of the drug and strength o cost of the prescription;
  - o quantity and days' supply of each covered drug or refill dispensed. o Doctor name or ID number
  - o DAW (dispense as written) code

- You are responsible for the amount shown in the Schedule of Benefits. This is based on the Maximum Allowable Amount as determined by Express Scripts' normal or average contracted rate with network pharmacies on or near the date of service.

### **The Express Scripts Pharmacy, Mail Order**

- Through this service, you may receive up to a 90-day supply of many maintenance medications.
- Complete the order form and the Health, Allergy, & Medication Questionnaire the first time you order through this service. You may mail written prescriptions from your physician, or have your physician fax or send the prescription electronically to the Express Scripts Pharmacy.
- You will need to submit the applicable deductible, coinsurance and/or copayment amounts to the Express Scripts Pharmacy when you request a prescription or refill.
- Medications are shipped standard delivery at no additional cost. You can track your prescriptions and order refills at [www.express-scripts.com](http://www.express-scripts.com) or by calling Express Scripts Member Services at 1-800-595-0817.
- Registered pharmacists are available around the clock for consultation.

### **DEFINITIONS**

**Brand Name Drug** – The first version of a particular medication to be developed or a medication that is sold under a pharmaceutical manufacturer's own registered trade name or trademark.

The original manufacturer is granted a patent, which allows it to be the only company to make and sell the new drug for a certain number of years.

**Generic Drugs** – Prescription drugs that have been determined by the FDA to be equivalent to brand name drugs, but are not made or sold under a registered trade name or trademark.

Generic drugs have the same active ingredients, meet the same FDA requirements for safety, purity, and potency, and must be dispensed in the same dosage form (tablet, capsule, cream) as the brand name drug.

**Mail Service** – Offers you a convenient means of obtaining maintenance medications by mail if you take prescription drugs on a regular basis. Covered prescription drugs are ordered directly from the licensed Mail Service Pharmacy that has entered into a reimbursement agreement with the Plan, and sent directly to your home.

**Maintenance Medications** – Maintenance drugs are those generally taken on a long-term basis for conditions such as high blood pressure and high cholesterol. Examples of maintenance medications are Zocor and generic simvastatin, and Lipitor to lower cholesterol/lipids. What is the difference between long-term and short-term drugs? Long-term drugs are those taken on an ongoing basis, such as those used to treat high blood pressure or high cholesterol. Short-term drugs

include antibiotics and other medications that you take for short periods of time.

**Network Specialty Pharmacy** – A Pharmacy that has entered into a contractual agreement or is otherwise engaged by the plan to render Specialty Drug Services, or with another organization that has an agreement with the plan, to provide Specialty Drug services and certain administrative functions to you for the Specialty Pharmacy Network.

**Non-Network Specialty Pharmacy** – Any pharmacy that has not entered into a contractual agreement nor is otherwise engaged by to render Specialty Drug Services, or with another organization that has an agreement with the Plan, to provide Specialty Drug services to you for the Specialty Pharmacy Network.

**Pharmacy** - An establishment licensed to dispense prescription drugs and other medications through a duly licensed pharmacist upon a physician's order. A pharmacy may be a network provider or a non-network provider.

**Pharmacy and Therapeutics (P&T) Committee** – The P&T Committee consists of healthcare professionals whose primary purpose is to recommend policies in the evaluation, selection, and therapeutic use of drugs.

**Prescription Order** – A legal request, written by a provider, for a prescription drug or medication and any subsequent refills.

**Prescription Legend Drug, Prescription Drug, or Drug** – A medicinal substance that is produced to treat illness or injury and is dispensed to patients. Under the Federal Food, Drug & Cosmetic Act, such substances must bear a message on its original packing label that states, "Caution: Federal law prohibits dispensing without a prescription." Compounded (combination) medications, which contain at least one such medicinal substance, are considered to be prescription legend drugs. Insulin is considered a prescription legend drug under the Plan.

**Prior Authorization** – The process applied to certain services, supplies, treatment, and certain drugs and/or therapeutic categories to define and/or limit the conditions under which they will be covered. Prescription drugs and their criteria for coverage are defined by the P&T Committee.

**Urgent Care Situation** - A Plan member's injury or condition about which the following apply: (1) If medical care or treatment is not provided earlier than the time frame generally considered by the medical profession to be reasonable for a non-urgent situation, the injury or condition could seriously jeopardize the Plan member's life, health or ability to regain maximum function; (2) If medical care or treatment is not provided earlier than the time frame generally considered by the medical profession to be reasonable for a non-urgent situation, the injury or condition could subject the Plan member to severe pain that cannot be adequately managed, based on the Plan member's treating health care provider's judgment.

## How to reach Express Scripts:

### On the Internet

- To reach Express Scripts online, go to [www.express-scripts.com](http://www.express-scripts.com)
- Visit the Express Scripts website anytime to refill your mail-order prescriptions, check the status of your Mail Service order, request more claim forms and order forms, view the formulary or find a participating retail pharmacy near you.
- You can download the Express Scripts app for your smartphone
- By telephone - Call 1-800-595-0817 to get answers to your questions about your prescription the drug program.

### By mail

- When not using a postage-paid envelope to mail prescriptions to the Express Scripts Pharmacy, please send prescriptions

to: EXPRESS SCRIPTS  
Attn: Commercial Claims  
PO Box 14711  
Lexington, KY 40512-4711

Special Services

- You may call a registered pharmacist at any time for emergency consultations at 1-800-595-0817
- Our hearing-impaired members may use our TDD number at 1-800-759-1089 available 24 hours a day, 7 days a week.
- Visually impaired members may request that their mail-order prescriptions include labels in large print or BRAILLE by calling 1-800-595-0817.
- For information on specialty medications through Accredo Health Group, Inc., call toll-free at 1-800-803-2523.

**COMPLAINTS AND APPEALS:**

**Complaints**

To formally lodge a complaint with Express Scripts, please call Member Services at 1-800-595-0817.

Your concerns will be logged into Express Scripts’ Customer Service Contact System. Unresolved complaints will be escalated to a customer service resolution expert or to a supervisor. You can also request that your issue be escalated.

**Appeals**

If your issue is still not resolved to your satisfaction, you have the right to file a formal appeal either verbally by phone (1-800-595-0817) or by mail within 180 days from receipt of notice of the initial adverse benefit determination.

To initiate a level 1 appeal, the following information must be submitted by mail or fax to the appropriate department for clinical or administrative review:

- Name of patient
- Member ID number
- Phone number
- The drug name for which benefit coverage has been denied
- Brief description of why the claimant disagrees with the initial adverse benefit determination
- Any additional information that may be relevant to the appeal including prescriber statements/letters, bills or other documents

<b>Clinical Review Requests</b>	<b>Administrative Review Requests</b>
Express Scripts Attn: Clinical Appeals Department PO Box 66588 St. Louis, MO 63166-6588 Or Fax 1-877-852-4070	Express Scripts Attn: Administrative Appeals Department PO Box 66587 St. Louis, MO 63166-6587 Or Fax 1-877-328-9660

Appeal decisions are made by a Pharmacist, Physician, a panel of clinicians, trained prior authorization staff member or an independent third party utilization management company. Level 1 appeal decisions are completed as soon as possible from receipt of request but no later than 30 days. Both patient and provider will receive a notification of the decision.

An urgent appeal may be submitted if in the opinion of the attending provider the application of the time periods for making non-urgent care determinations could seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function or would subject the patient to severe pain that cannot be adequately managed without the care or treatment that is the subject of the claim. Urgent appeals must be submitted by phone to 1-800-753-2851 or fax 1-877-852-4070. Claims and appeals submitted by mail will not be considered for urgent processing unless a subsequent phone call or fax identifies the appeal as urgent.

Urgent appeals decisions are completed as soon as possible from receipt of request but no later than 72 hours. Both patient and provider will receive a notification of the decision. The decision made on an urgent appeal is final and binding; there is only one level of appeal in urgent situations.

To initiate a level 2 appeal when a level 1 appeal has been denied (adverse benefit determination), a request may be submitted within 90 days from receipt of notice of the level 1 decision. The following information must be submitted by mail or fax to the appropriate department for clinical or administrative review:

- Name of patient
- Member ID number
- Phone number
- The drug name for which benefit coverage has been denied
- Brief description of why the claimant disagrees with the initial adverse benefit determination
- Any additional information that may be relevant to the appeal including prescriber statements/letters, bills or other documents

<b>Clinical Review Requests</b>	<b>Administrative Review Requests</b>
Express Scripts Attn: Clinical Appeals Department PO Box 66588 St. Louis, MO 63166-6588 Or Fax 1-877-852-4070	Express Scripts Attn: Administrative Appeals Department PO Box 66587 St. Louis, MO 63166-6587 Or Fax 1-877-328-9660

Appeal decisions are made by a Pharmacist, Physician, a panel of clinicians, trained prior authorization staff member or an independent third party utilization management company. Level 2 appeal decisions are completed as soon as possible from receipt of request but no later than 30 days. Both patient and provider will receive a notification of the decision.

You have the right to request an external review from the Maine Bureau of Insurance. Contact the Maine Bureau of Insurance at 1-800-300-500 for more information.