

Getting the most from your prescription drug plan



FORMULARY GUIDE



Table of Contents

Page

- Your Prescription Drug Plan 3
- How Welborn Health Plans cover your prescriptions 3
- About prescription drugs 3-4
- Welborn offers you three ways to fill a prescription 4
- How to use Welborn Health Plans' pharmacy programs 5-7
- Getting Started with Mail Order 8-9
- High Deductible Health Plans (HDHP)
Prescription Benefit 9-10
- Additional Prescription Plan Features 10-11
- When you need help or information 12
- Frequently Asked Questions 13-16

Your Prescription Drug Plan

At Welborn Health Plans (WHP), we are focused on helping you achieve your level of optimal health. One of the ways we do that is by helping you get the most from your prescription drug plan. That's why we want you to know how the prescription drug plan works, which benefits are offered through the plan and what tools are available to you. If you are enrolled in a WHP medical plan that includes a Prescription Rider, you and your eligible dependents are automatically covered by a comprehensive prescription drug plan.

Welborn Health Plans has partnered with Express Scripts® as the Pharmacy Benefit Manager for your prescription plan. With any WHP prescription plan, you must use either a participating retail pharmacy within the Express Scripts® network, or Express Scripts® Select Home Delivery Program to receive coverage for acute or maintenance medications. WHP members must use Curascript® - Express Scripts® Specialty Pharmacy to receive coverage for specialty medications (see CuraScript® Specialty Medication SPL for a complete listing of these medications). Since Express Scripts® systems are integrated with the participating pharmacy systems, the pharmacist will know whether you need to pay an amount to satisfy a deductible or if the prescription drug benefits apply and you need to pay a percentage of the cost, or your designated copay per your plan.

About prescription drugs

Three general classes of prescription drugs are available to you:

- **Generic drugs:** prescription drugs that are therapeutically equivalent to brand-name drugs because they contain the same active ingredients in the same doses. The same rigorous United States Food and Drug Administration (FDA) quality and safety reviews that apply to brand-name drugs also apply to generic drugs. Substituting generic drugs for brand-name drugs may help lower your health care expenses, allowing you to maximize the value of your benefits.

Price-A-DrugSM estimates the costs of your prescription drugs

To estimate the cost of your medications, log in to Express Scripts® - which you can access via:

www.express-scripts.com. Through the Member Portal, click the "Price-A-Drug" tool. This tool provides you with information about your prescription drugs and compares the costs of drugs (generic vs. brand name and retail vs. mail order). You must be registered as an Express Scripts user to use the Price-A-Drug tool. You also may call the toll-free number on your WHP Member ID card for additional prescription drug cost information.

WHP's preferred drug list is also called a Select Pharmaceutical List (SPL) or an abbreviated prescription drug formulary. WHP's SPL is a list of commonly prescribed prescription medications that will be covered by the drug plan. The design of the SPL often encourages the use of generic or therapeutic equivalents on a cost-effective basis. The SPL's are available both alphabetically by drug name, and by therapeutic class for your reference. You can view the list on Welborn Health Plans website, www.welbornhealthplans.com, under "Group Members" and then "Formulary/RX Drug List."

How can you lower your prescription costs?

When you need to pay a coinsurance or copay amount at the pharmacy, your cost will usually be lower if:

- Your covered prescription is a generic drug.
- The drug is also on WHP's Select Pharmaceutical List (SPL). The preferred drug list offers you and your doctor a choice of quality, cost-effective, generic and brand-name medications approved by the FDA.
- Drugs on the list are called preferred drugs. Non-preferred drugs are not on the list.
- Use the Select Home Delivery program for your maintenance medications. Maintenance medications are prescription drugs that you need to take regularly. For instance, drugs that treat ongoing conditions, like asthma, or diabetes. Through Select Home Delivery, you can usually save time and money for these medications.

- **Brand-name drugs:** prescription drugs that are protected by a patent issued to the original innovator or marketer, which prohibits the manufacture of the drug by other companies until the patent expires. Generally, you will see a cost savings if you use a preferred brand-name drug rather than a non-preferred brand-name drug.
- **Self-injectable drugs and specialty oral and infused medications:** These complex and costly medications usually require special storage and handling, and may not be readily available at your local drug store. Self-injectable drugs are intended to be self-administered by injection to a specific part of the body. Examples of covered medications include Enbrel, used to treat rheumatoid arthritis; and Copaxone, used to treat multiple sclerosis. You will generally see a cost savings if you use a preferred self-injectable drug rather than a non-preferred self-injectable drug.

Welborn Health Plans offers you three ways to fill a prescription, depending upon the medication you require:



1. The [Participating Retail Pharmacy option](#) includes any participating pharmacies where you can have prescriptions filled for short-term or acute medications, as well as ongoing maintenance medications for chronic conditions. Prescriptions filled at a nonparticipating pharmacy are not covered.
2. The [Express Scripts® Select Home Delivery program](#) supplies long-term maintenance medications by **mail**. WHP strongly encourages Select Home Delivery for maintenance medications to achieve the maximum savings available for your health plan.
3. [CuraScript® Specialty Pharmacy program](#) supplies self-injectable, specialty oral and infused medications by mail. CuraScript® offers express delivery of these specialty medications to your home **or** doctor's office, as well as access to a pharmacist 24 hours a day.

How to use Welborn Health Plans' pharmacy programs

Members have 2 different choices to fill their Maintenance and Acute prescriptions:

Option 1: Retail Pharmacy Prescription Program

(Acute or short-term medications for up to a 60-day supply –or– for maintenance drugs up to a 90-day supply)

You may choose to use any local participating retail pharmacies to fill prescriptions for up to a 90-day supply. The amount of your coinsurance/copayment will depend on which tier the medication is listed on WHP's Select Pharmacy Lists (SPL's). **IMPORTANT NOTE: All controlled substances and antibiotics are limited for all plans to a 30- day supply at retail.**

When using the retail pharmacy program for prescriptions, you do not need to fill out any claim forms. Use the same ID card that you use for your medical plan benefits. Just show your ID card to the participating pharmacist to get your prescription. Express Scripts® systems are integrated with participating pharmacy systems. The participating pharmacist will know whether you need to satisfy the deductible (if applicable to your plan) or if the prescription drug plan benefits apply and you need to pay a percentage of the cost, or the designated copay. Plans that include WHP's unique 2x90 copayment savings benefit will also apply at participating retail pharmacies – so members can save a copayment when they fill eligible maintenance prescriptions for a 90- day supply!

Prescriptions filled at a nonparticipating pharmacy will not be covered. To find out if your pharmacy is a participating retail pharmacy, visit www.express-scripts.com.

Option 2: Select Home Delivery Program

(Long-term maintenance medications for a 90-day supply)

For a description of our Specialty Pharmacy program (and the medications that qualify under this specialized program), please refer to the section below entitled, **CuraScript Specialty Pharmacy Program**.

WHP recommends utilizing Express Scripts® Select Home Delivery program for optimal cost savings on 90 day supplies of *routine maintenance medications*. Mail-order delivery can mean savings and convenience for prescription drugs taken on an ongoing basis to manage chronic health conditions. Express Scripts® Select Home Delivery offers you:

- **Cost savings** – Save money by using Select Home Delivery. Standard shipping is always free.
- **Convenience** – Quick, confidential shipping of your maintenance medications right to your home, generally within 14 days.
- **Ease of use** – A simple, two-step process makes ordering your maintenance medications easy.
- **Quality service** – Registered pharmacists check orders for accuracy and are available 24 hours a day, 7 days a week.

All members covered under a prescription plan are **automatically enrolled** in the Express Scripts® Select Home Delivery program. Therefore, Express Scripts®, the company managing WHP's prescription-drug benefit, needs you to make an important decision about where you get your maintenance medications filled, and then **take action** by contacting Express Scripts® with how you wish to continue to receive your maintenance medications—either through the Select Home Delivery mail order program, or through a participating retail pharmacy .

If you do not wish to continue to utilize mail order for routine fills of your maintenance medications, you will need to call Express Scripts® at **1.888.772.5188** (M - F 7:30 am to 5 pm CST), or go on line to www.express-scripts.com to “opt out” of the Select Home Delivery program.

Under WHP's prescription drug program, you are allowed **two fills** of your maintenance medication prescriptions at a retail pharmacy. If Express Scripts® does not hear from you on where you have chosen to fill your prescriptions by your third fill, you will be required to pay the full cost of your prescription until they do. So, contact Express Scripts® and be sure to make an informed decision. The Mail-Order Drug Program applies only to maintenance medications prescribed for quantities of **90 day supplies**. It does not apply to prescriptions used to treat acute conditions, such as infections. You will continue to fill medications to treat **acute conditions** from participating retail pharmacies. Plans that include WHP's unique 2x90 copayment savings benefit will also apply for Select Home Delivery - so members can save a copayment when they fill eligible maintenance prescriptions for a 90- day supply through the mail order program!

“Maintenance medications” are those taken to treat long-term chronic conditions like arthritis, diabetes and heart disease. Birth control pills are considered maintenance medications.

“Acute medications” are those used often but on an urgent or short-term basis. Antibiotics are considered acute medications. **IMPORTANT NOTE: All controlled substances and antibiotics are limited for all plans to a 30- day supply and must be filled at a participating retail pharmacy.** Prescriptions for these medications or any other maintenance medication written for less than a 90 day supply will not be filled through Mail Order.

If you have questions as to whether your medication is considered maintenance or acute, call Welborn Health Plans at the phone number on your ID card.

CuraScript® Specialty Pharmacy program

A Specialty Pharmacy is a provider of specialty medications to treat certain chronic diseases such as multiple sclerosis, hemophilia and immune system disorders. Specialty medications can be injected, infused or taken by mouth. These medications may need to be refrigerated, or require special handling. They are often expensive and may not be available at all retail pharmacies. Some may have side effects, or require additional education on how to take these drugs, so a pharmacist or nurse should monitor their use.

Specialty medication must be filled using Curascript® Specialty Pharmacy. For a listing of these specific specialty drugs, please see the CuraScript® SPL on line at www.welbornhealthplans.com. The majority of these drugs will require an authorization from WHP in order to obtain your medication. You or your provider may contact Welborn Health Plans toll free at **800.521.0265**, and follow the prompts to reach the Pharmacy Department. Subsequent refills must be obtained through the Specialty Pharmacy to be eligible for coverage.

In addition to the clinical support offered to our members when filling medications at CuraScript, Express Scripts® Specialty Pharmacy division also offers clinical programs designed to educate and empower members to adhere to their drug therapy. The goal of each program is to increase the number of members that will achieve the desired clinical results by improving adherence to the prescribed medication regimen.

These programs are developed to perform three basic functions:

- a) Educate and empower members using evidence-based medicine. It is critical that members understand how to use their complex medications, manage side effects and prevent complications and disease progression.
- b) Assess and evaluate clinical, humanistic, and economic outcomes on an ongoing basis with the goal of improving overall health; and
- c) Support the physician or practitioner/patient relationship and plan of care.

Care Management programs are available to Welborn's members utilizing CuraScript® for the following conditions: Hepatitis, Multiple Sclerosis, Oncology, Pulmonary Hypertension, Psoriasis, Rheumatoid Arthritis, RSV, HIV, and Organ Transplant. For more information regarding these programs, see the CuraScript® Clinical Outcomes Booklet on line at www.welbornhealthplans.com, or for additional information about using CuraScript® Specialty Pharmacy and their shipping policies, please log on to www.express-scripts.com.

For all WHP medical plans, certain specialty drugs are covered through the prescription drug benefit, while some specialty drugs can be covered under the medical or prescription drug benefit. If you are taking a specialty medication, or if you are unsure if you are taking a specialty medication, contact Welborn Health Plans toll free at **800.521.0265**, and follow the prompts to reach the Pharmacy Department.

Getting Started With Mail Order

Beginning 1/1/2012, members are automatically enrolled in Express Scripts® Select Home Delivery. The Home Delivery program will ship up to a 90-day supply of prescribed drug(s) directly to your home address. You can order refills by mail, over the telephone, via fax or online. Members who are already registered with Express Scripts® and currently use Select Home Delivery can choose to have Express Scripts® contact your prescribing physician for any refill requests. Members may also “pick and choose” which medications they would like to receive via Mail Order or through the retail pharmacy. If the health plan covers the entire family, subscribers can also select which family members participate in the Home Delivery program.

Note: Payment is required at the time the order is placed. All controlled substances and antibiotics are limited to a 30-day supply, and are not eligible through Mail Order.

If you have previously opted out of Select Home Delivery and now wish to enroll, or you have a new prescription that you wish to fill through the Mail Order program, you may start by getting a short-term supply (up to 30 days) of your maintenance medication at a local retail pharmacy and follow these two steps:

Step 1: Get two prescriptions from your doctor for each maintenance medication. One prescription is the short-term supply that you would get filled at your local pharmacy. The other prescription (typically written for 90 days, with three refills) is for *Select Home Delivery*.

Step 2: Fill out and mail the Express Scripts® Select Home Delivery Mail Order form and patient registration form (if you are not registered), along with your new prescription(s) and copayment to Express Scripts® Home Delivery. Please allow 10 to 14 days to process your initial order. This order form is included in your Welborn Enrollment Kit, New Hire, or Renewal packets, or you may contact Welborn Customer Service to obtain additional forms. Reorder forms will be included with your mail-order shipments.

You may also get enrolled by doing the following:

Have your doctor **fax** your prescription(s) (and completed mail order and patient registration form if not yet submitted) to **1-800-521-5779**.

OR: visit: www.StartHomeDelivery.com

OR: call **888.772.5188 (7:30 am to 5 pm Central, M – F) AND Let Express Scripts® do the work for you-** Express Scripts® will make the transition easy by contacting your doctor to get a new prescription for Home Delivery. This process typically takes 2 to 3 weeks from the time you complete your online request. Once you have registered with Express Scripts® and completed your member profile, you can order refills online by visiting www.express-scripts.com, or by calling **888.772.5188 (7:30 am to 5 pm CST, M – F)**.

For all new orders, prescriptions without remaining refills and expired prescriptions, you must submit an Express Scripts® Select Home Delivery order form with the new prescription(s) from your doctor.

Most prescriptions, including refills, expire within one year (sometimes sooner) from the date they are written. After the expiration date, you must get a new prescription from your doctor, even if your prescription label shows refills still remaining. You may get only those medication amounts authorized by your doctor. For example, if your doctor writes your prescription for a 90-day supply with two refills, you will receive one 90-day supply at a time.

High Deductible Health Plans – How does this impact my prescription benefit?

You are responsible for the full negotiated cost of your covered prescriptions until your deductible is met. Once your deductible is met, your covered prescription drug expenses are paid under the plan. You will then pay either a percentage, called a coinsurance, or the specified prescription copayment per your Benefit Summary. The copay level that you will pay is determined by the medication placement on the Welborn Health Plans SPL, or on the CuraScript[®] Specialty Medication SPL (if applicable).

To lower your out-of-pocket costs for certain preventive drugs, Welborn Health Plans offers a unique prescription benefit for members that elect a High Deductible Health Plan (HDHP). WHP *waives the deductible* for HDHP members that require any of the listed preventive prescription drugs on WHP's **HDHP Formulary**. This means that you do not need to meet your deductible before the medical plan begins to pay. Your WHP plan immediately begins sharing the cost with you! You will be responsible for only your copay or coinsurance (subject to any copay minimum and maximum amounts if applicable), as specified per your Benefit Summary.

Members with the chronic conditions of asthma, diabetes, heart disease, high blood pressure and high cholesterol, requiring *certain maintenance* medications for these specific categories, will be eligible to use Welborn Health Plans **HDHP SPL** until your deductible is satisfied. Medications listed on this unique formulary consist of certain generic and preferred brand-name drugs, which can help maintain your quality of life, and potentially avoid more invasive and expensive treatment in the future.

NOTE: Since the deductible is waived, the amount you pay out of your pocket **does not** count toward your medical plan deductible for medications specified on the HDHP SPL.

Bring your initial prescription or refill request and your ID card to a participating pharmacy, or send a prescription for a 90-day supply of your medication to Express Scripts[®] Select Home Delivery Program. Medications on the HDHP formulary are also eligible to be filled through the Select Home Delivery program.

You can find a list of specific preventive drugs online at www.welbornhealthplans.com, or call Welborn Health Plans at the toll-free number on your ID card to ask about a specific drug. In addition, there are many local discount pharmacy programs and Patient Assistance Programs that members may take advantage of. Welborn's dedicated Pharmacy Team and Customer Service Representatives are available to assist you in finding your medications in the most cost effective way for you and your health plan.

An out-of-pocket limit applies to prescription drug expenses under the WHP High Deductible Health Plans. After the deductible is met and you reach the out-of-pocket limit, the plan pays 100 percent of the negotiated cost of your eligible prescription drug expenses for the remainder of the calendar year.

If your employer offers a Health Savings Account, (HAS), or a Health Care Reimbursement Account (HRA), you may choose to pay your prescription drug expenses through your (HAS/HRA) by using your HAS VISA debit card at the point of service. Or, you can choose not to use your HAS funds for out-of-pocket prescription drug expenses in order to save your HAS for other qualified medical expenses. Note, Welborn Health Plans does not administer these types of accounts. You must contact your employer or Human Resource Department to determine if this is available to you, or if you have specific questions regarding these accounts.

Additional Pharmacy Plan Features

Mandatory generic with “Dispense as Written” provision

If a health care professional prescribes a covered brand-name drug when a generic drug equivalent is available and specifies “Dispense as Written” (DAW), you will pay the applicable coinsurance copayment for the brand-name drug.

If your health care professional does not specify if the drug should be a brand-name or generic or if you request a covered brand-name drug when a generic drug equivalent is available, you will be responsible for the cost difference between the brand-name drug and the generic drug equivalent. The cost difference is called an “ancillary fee”. You also will need to pay the applicable copayment for the brand-name drug. **NOTE: If you do incur an ancillary fee for your brand medication, this fee WILL NOT apply to either your deductible or Maximum Out of Pocket accumulator (if applicable). Some plans contain an additional benefit where this fee does not apply. Please check your Benefit Summary for more information on this exclusion, or call WHP’s Customer Service for additional information.**

WHP members pay the “Lesser Than” amount

Your prescription drug coinsurance copayment is a percentage of Welborn Health Plans’ negotiated retail cost of the drug (subject to a maximum and minimum for some plan designs). You will never pay more than the copay (or maximum) indicated on your Benefit Summary for the drug each time you fill a prescription - except for instances when the mandatory generic penalty is applied, and the calculated amount with penalty is more than the maximum, or when you are filling a maintenance medication more than two times at a retail pharmacy, and have not yet contacted Express Scripts® with your choice of where you wish to receive future fills.

At a retail pharmacy, the minimum is the lesser of the minimum plan coinsurance copayment amount or the usual and customary amount. Through mail order, the minimum is the lesser of the total negotiated cost of the drug or the minimum plan copay.

Infertility Medication

Your WHP health plan may contain a rider that provides coverage for the treatment of infertility. If your plan includes this benefit, then you may also be entitled to prescription coverage for medications used in your treatment. **Please check your Benefit Summary for more information on this rider, or you may contact WHP’s Customer Service for additional information.**

If your doctor prescribes a medication for the purpose of treating infertility, you will be required to fill these prescriptions through one of the following Infertility Pharmacies:

- **Freedom Fertility Pharmacy**
1.800.660.4283
www.freedomdrug.com

- **Schrafts/Walgreens Specialty Pharmacy**
1.800.876.4545
www.walgreensspecialtyrx.com/infertility

Members will be expected to pay the full cost of the infertility medication at the pharmacy and submit your claims for reimbursement to receive your health plans benefit portion. Turnaround times for reimbursement are approximately 2 weeks. Members need to submit claims along with any receipts to:

Welborn Health Plans
101 S. E. Third Street
Evansville, IN 47708

Infertility drugs also will require Prior Authorization that your physician may obtain by calling the Welborn Health Plans Pharmacy Department toll free at **1.800.521.0265**, or **1.812.426.6600 M-F 8:00 am - 5:00 pm (CST)**.

Important Information Regarding the Prescription Rider

- Prescription drug charges are NOT applied to the medical deductible (with the exception of the High Deductible Health Plans).
- Coordination of benefits for prescription copayments is not available.
- Member copayments for prescription drugs are NOT applied to the Out-of-Pocket maximum. Therefore, applicable copayments will still be required after the Out-of-Pocket maximum is satisfied, with the exception of High Deductible Health Plans.

Members may also log on to www.express-scripts.com and click "For Members" for the following pharmacy resources and tools:

- Pharmacy benefit and coverage information
- Specific copayment amounts for prescription medications
- Possible lower-cost medication alternatives
- A list of medications based on a specific medical condition
- Medication interactions and side effects
- Locate a participating retail pharmacy by zip code
- Review your prescription history
- Mail Order Management
- Refill prescriptions
- Check the status of your order
- Set up e-mail reminders for refills
- Manage your account

When you need help or information

Welborn Health Plans Customer Service – For plan-specific information, call Welborn Health Plans toll-free at **1.800.521.0265**, or **1.812.426.6600 M-F 8:00 am - 5:00 pm (CST)**. You may also reach the Welborn Pharmacy Team at the same contact numbers, and then follow the prompts.

You may also call the Express Scripts® dedicated toll-free number at **1.866.470.1751**. A representative will be available 24 hours a day, seven days a week at this number to assist you with your questions regarding medications. Please note that all requests for Prior Authorizations or Quantity Limit overrides must be obtained by calling Welborn Health Plans M-F 8:00 am-5:00 pm (CST).

Express Scripts® Select Home Delivery – Welborn Health Plans' mail-order program for long-term maintenance prescriptions

For online access to patient registration, you may visit www.StartHomeDelivery.com.

Call Express Scripts® Customer Service for Home Delivery with your questions and to fill a prescription – **1.888.772.5188 (7:30 am to 5 pm Central, M – F)**

OR- Have your doctor fax your prescription(s) and completed order forms using this number. FAX: **1.800.899.2125**.

CuraScript® Specialty Pharmacy

Visit www.welbornhealthplans.com for a current listing of specialty drugs.

Call Welborn Health Plans toll-free at **1.800.521.0265**, or **1.812.426.6600 M-F 8:00am-5:00pm (CST)** if you take a drug that requires a Prior Authorization (PA), Step Therapy (ST), or a Quantity Limit (QLL) exception.

You may also contact CuraScript® toll free at **1.866.848.9870** (M-F, 8:00am to 9:00pm and Saturday, 9:00 am to 1:00 pm EST), and speak to any members of the CareLogics team. These include pharmacists, nurses, and patient care coordinators, who are there to assist you and your provider with your therapy needs. CuraScript® will also contact your physician for you to obtain refills of your prescription.

Frequently Asked Questions:

What is a Select Pharmaceutical List (SPL)?

An SPL (also known as a "Formulary List") is a list of some commonly prescribed medications that have been approved by the U.S. Food and Drug Administration for certain conditions, that have been categorized into tiers to help you determine your copayment for each prescription.

Your WHP pharmacy benefit provides coverage for a comprehensive selection of prescription medications. You and your doctor can refer to these lists to select the right medication to meet your needs.

The benefit plan documents provided by your employer or health plan include a Select Pharmaceutical List (SPL) and/or your Member Certificate. Please refer to these documents to determine which medications are covered under your group health plan.

What is a non-formulary or non-preferred drug?

These are drugs that are **not** on your formulary. In most cases, you'll pay more for these drugs.

Why is a drug not included on my formulary?

To help control your overall healthcare costs, some types of medications may not be covered by your prescription drug benefit. Examples include drugs used for cosmetic purposes such as baldness or weight loss. You will usually pay 100% of the cost of these medications.

What are Tiers?

Prescription medications are categorized within three tiers. Each tier is assigned a copayment, the amount you pay when you fill a prescription, which is determined by your employer for your health plan. Consult your benefit plan documents to find out the specific copayments, coinsurance, and deductibles that are part of your plan.

NOTE: Some plans may require you to pay the entire cost of the medication until the plan deductible has been met.

Level 1 - Your Lowest-Cost Option

Level 1 medications are your lowest copayment option. For the lowest out-of-pocket expense, always consider Level 1 medications if you and your doctor decide they are right for your treatment.

Level 2 - Your Midrange-Cost Option

Level 2 medications are your middle copayment option. This level often includes preferred, Brand name products and higher cost generic medications.

Level 3- Your Highest-Cost Option

Level 3 medications are your highest copayment option. These medications are considered Non-preferred. If you are currently taking a medication in Level 3, ask your doctor whether there are lower-cost Level 1 or Level 2 medications that may be right for your treatment.

What are compounded medications?

Compounded medications are medications with one or more ingredients that are prepared "on-site" by a pharmacist. These are classified at the Level 2 level regardless of the tier placement of the ingredients.

Who decides which medications get placed in which tier?

The Welborn Health Plans Pharmacy and Therapeutics (P&T) Committee makes tier placement decisions. The Committee's goal is to help ensure access to a wide range of medications, while controlling health care costs for you and your employer or health plan. The P&T Committee is comprised of Welborn Health Plan's Medical Director, members of WHP's Pharmacy staff, and practicing physicians. Ultimately, you and your doctor decide which medication is appropriate for you.

What factors does the Pharmacy and Therapeutics Committee look at to make tier placement decisions?

The P&T committee decides the tier placement of a particular prescription medication based on clinical information from a variety of scientific and industry sources, including the US Food and Drug Administration, Centers for Disease Control and Prevention, recommendations of professional medical organizations and published peer-reviewed literature. The Committee looks at the overall health care value of a particular medication, balancing the need for flexibility and choice for you and an affordable pharmacy benefit for employer groups and health plans.

How often will prescription medications change tiers?

Medications may change tiers periodically throughout the calendar year, depending on new drugs or dosage forms coming on the market, drugs being removed from the market, and brand name drugs becoming available in generic form. Most changes will occur on January 1 and July 1. When a brand-name medication becomes available as a generic, the tier status of the brand-name medication and its corresponding generic will be evaluated. When a medication changes tiers, your copayment may change as well. These changes may occur without prior notice; however, we will endeavor to publish changes in the quarterly Member and Provider Newsletter. For the most current information on your pharmacy coverage, please call the toll-free member phone number on the back of your ID card or visit www.welbornhealthplans.com/employer/drug_lists.

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients as brand-name medications, but they often cost less. Generic medications become available after the patent on the brand-name medication expires. At that time, other companies are permitted to manufacture an FDA -approved, chemically equivalent medication. Many companies that make brand-name medications also produce and market generic medications. The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower tier alternative is available and if it might be appropriate for you. While there are exceptions, generic medications are usually your lowest-cost option.

Please note that some generic medications may be in Level 1 **or** Level 2 – taking a generic does not guarantee that it will always be at the lowest plan copay.

What is "generic substitution"?

Generic substitution occurs when a prescription is written for a brand-name drug but is filled with a generic version.

What if my doctor prescribes a brand-name drug, but my plan requires generic substitution?

In most cases, the pharmacist will contact your doctor and request the generic version.

Can some pharmacies automatically provide a generic drug instead of a brand-name?

In some cases, yes. State laws may allow pharmacies to substitute a less expensive generic equivalent for a brand-name drug unless the patient or doctor direct otherwise. If a brand-name medication is required, an additional ancillary fee may apply. See Mandatory generic with "Dispense as Written" provision.

Why do some generic drugs look different than their brand-name versions?

All drugs, brand-name and generic, have inactive ingredients (such as dyes, fillers, and preservatives) that often determine the size, shape, and color of the drug. The inactive ingredients in a brand-name drug may be different from those used in the generic versions.

Why aren't all drugs available in a generic version?

When a company develops a new drug and submits it for FDA approval, a 17-year patent is issued. A generic version cannot be manufactured until the 17-year patent expires.

In some cases, a drug is on the market for only a few years before the generic is available. This is usually because the original testing period required by the FDA took so many years that, by the time the drug was approved, there were only a few years left on the patent.

What about the companies that make generic drugs? Are they as trustworthy as the companies that make the brand-name drugs?

That's a common concern, but you can trust generic drug manufacturers. Many times the same company that developed the brand-name drug releases a generic version when the patent expires. Other companies specialize in making generic drugs.

Many drugs are difficult to make, even when their active ingredients are known. In fact, some drugs never become available as generics because they are too difficult or costly to make.

If generic drugs are just as good as brand-name drugs, why do generics cost less?

Unlike the manufacturers of brand-name drugs, the makers of generics don't have to spend money on research and development, marketing, and advertising. Advertising in particular has become a huge cost of doing business, and this cost is passed along to the consumer in the form of higher priced brand-name drugs.

As for quality, the U.S. Food and Drug Administration (FDA) makes sure that generic drugs are equivalent to brand-name drugs. By equivalent, the FDA means that generics must contain the same active ingredients and work the same way in the body.

Why is the medication that I am currently taking no longer covered?

Medications may be excluded from coverage under your pharmacy benefit. For example, a prescription medication may be excluded from coverage when it is therapeutically equivalent to another prescription medication or an over-the-counter medication. There may be alternatives on the SPL or over-the-counter medications that are appropriate for your treatment.

When should I consider discussing over-the-counter or non-prescription medications with my doctor?

An over-the-counter medication can be an appropriate treatment for some conditions. Consult your doctor about over-the-counter alternatives to treat your condition. These medications are not covered under your pharmacy benefit, but they may cost less than your out-of-pocket expense for prescription medications.

Why are there notations next to certain medications in the SPL, and what do they mean?

The specific definitions for these notations (PA, QLL, etc.) are listed at the bottom of each page of the SPL and refer to our pharmacy programs. These programs as well as our drug utilization review processes can help confirm coverage based on your benefit plan. Please call the toll-free member phone number on the back of your ID card if you need additional information about these notations.

- Quantity Level Limits (QLL) - Certain drugs may only be dispensed in specified quantities per copayment (usually a month supply). Quantities prescribed that exceed this limit may require one or more additional copayments.
- Prior Authorization (PA) – Certain drugs require the prescriber to obtain Prior Authorization from WHP in order for the prescription to be filled.
- Step Therapy (ST) – Certain drugs require that the member have tried and failed other drugs listed on the SPL or an Over-the Counter (OTC) medication in order for the prescription to be filled.

What does it mean if my pharmacist says "prior authorization" is needed?

This simply means that more information is needed to determine if your plan will cover the drug. In this case, ask your doctor or pharmacist to contact us by calling the toll-free number on your member ID card.

I'm currently filling a prescription at a local pharmacy. How do I move my current prescription to another local pharmacy?

It's easy to transfer your prescriptions to another pharmacy. Simply take your current prescription bottle to your new pharmacy and ask the pharmacist to manage the transfer of your prescription from your previous pharmacy.

You can also call the new pharmacy and ask the pharmacist to contact your current pharmacy and transfer your prescription. Or, ask your doctor to call your new pharmacy with your prescription information.

What if I need to refill a prescription before my plan allows because I lost my medication or I'm going on vacation?

If you need to refill your prescription early, call us. We'll explain your options.

What should I do if I suspect an error in the administration of my benefit or in the dispensing of my order?

Your health is important to us. If you suspect an error, report it immediately. Call us so we can investigate and take appropriate action.