



HOW TO USE YOUR PHARMACY BENEFIT

Here are step-by-step instructions on how to fill a prescription for the first time. Follow these four easy steps every time you receive a prescription for a new medication.

STEP 1

Confirm that your medication is on our list of covered drugs. Go to tuftshealthplan.com and click on "Pharmacy" on the Members tab.

On the Pharmacy screen, click on:

- Select Network plans

Search for the name of your medication. If your medication is not listed, call our Member Services Department at the number printed on your ID card.

STEP 2

Check whether any of the following apply to your medication:

- PA: Prior authorization
- ST^{PA}: Step therapy
- QL: Quantity limitation
- SP: Designated specialty pharmacy

STEP 3

If your medication has the following:

- **PA (prior authorization):** Contact the provider who wrote your prescription. If your provider believes a drug with a PA is necessary for your treatment, he or she may submit a request for coverage by faxing a Universal Medical Review Request Form—available at tuftshealthplan.com—to Tufts Health Plan. We will cover the medication if it meets our medical necessity coverage guidelines. If the request is approved, you will be covered for your prescription. If it is not approved, you can appeal the decision.
- **QL (quantity limitation):** You are covered for up to the amount posted in our list of covered drugs. If your provider believes it is necessary for you to take more than the **QL** amount posted on the list, he or she may submit a Universal Pharmacy Medical Review Request Form to request coverage.
- **ST^{PA} (step therapy):** Check the step therapy document in the Pharmacy section at tuftshealthplan.com/members to confirm the step your drug is on. If you have not previously taken the steps required by our pharmacy coverage guidelines, and your provider believes the drug prescribed for you is medically necessary, he or she may request coverage by submitting a Universal Pharmacy Medical Review Request Form.
- **SP (designated specialty pharmacy):** Call the designated specialty pharmacy provider indicated in your search of the list of covered drugs in Step 1 or contact the Tufts Health Plan Member Services Department at the number on your ID card to help ensure you receive your medication without interruption.

If your drug is not included in the list of covered drugs: Contact the provider who wrote your prescription. If your provider believes a drug that is not covered is necessary for your treatment, he or she may submit a request for coverage by submitting a Universal Medical Review Request Form—available at tuftshealthplan.com—to Tufts Health Plan. We will cover the medication if it meets our medical necessity coverage guidelines. If the request is approved, you will be covered for your prescription. If it is not approved, you can appeal the decision.

STEP 4

Check the cost of your covered medication.

Covered drugs are grouped in three tiers, or levels, of cost:

- **Tier 1:** You pay the lowest copayment; includes most generic drugs
- **Tier 2:** You pay the middle copayment; includes some generics and brand-name drugs for which there is no or limited generic availability within the therapeutic category
- **Tier 3:** You pay the highest copayment; includes the most costly covered brand-name drugs not included in Tier 2

Be sure to check the specifics of your pharmacy coverage to see if a deductible applies.

Our List of Covered Drugs

The list of medications covered by our pharmacy benefit is called our formulary. Members of HMO Select Network plans use our generic-focused formulary, or list of covered drugs, which limits coverage of brand-name drugs for which there are generic alternatives, while offering coverage of drugs intended to treat a wide range of medical conditions.

Generic drugs have the same active ingredients and come in the same strengths and dosage forms as their equivalent brand-name drugs. Drugs that have FDA-

approved generic versions available are not covered on our generic-focused list of covered drugs.

We use a variety of approaches to manage the pharmacy benefit. Our goal is to balance quality, safety, and affordability so that you and your provider can make decisions for your care that are right for you.

Some of these approaches include the 3-tier pharmacy copayment, prior authorization, step therapy, quantity limitations, and designated specialty pharmacy programs.

TOP 200 COVERED DRUGS

This is a list of the 200 generic medications most used by Tufts Health Plan members. This is not a complete list of generic drugs covered by the Tufts Health Plan HMO Select Network pharmacy benefit. For a complete list, visit tuftshealthplan.com. For more detailed benefit information, please review your benefit summary or member benefit document.

ACETAMINOPHEN-CODEINE	DIGOXIN	LEVORA-28	PIROXICAM
ACYCLOVIR	DIPHENOXYLATE-ATROPINE	LEVOTHYROXINE SODIUM	POTASSIUM CHLORIDE
ALBUTEROL SULFATE ^{QL}	DILTIAZEM ER	LISINAPRIL	PRAMIPEXOLE DIHYDROCHLORIDE
ALENDRONATE SODIUM	DIVALPROEX SODIUM	LITHIUM CARBONATE	PRAVASTATIN SODIUM
ALLOPURINOL	DONEPEZIL HCL	LORAZEPAM	PREDNISOLONE ACETATE
ALPRAZOLAM	DORZOLAMIDE-TIMOLOL	LOSARTAN-	PREDNISON
AMIODARONE HCL	DOXAZOSIN MESYLATE	HYDROCHLOROTHIAZIDE	PRENATAL PLUS
AMITRIPTYLINE HCL	DOXYCYCLINE HYCLATE	LOVASTATIN	PROCHLORPERAZINE MALEATE
AMLODIPINE BESYLATE	ECONAZOLE NITRATE	LOW-OGESTREL	PROMETHAZINE-CODEINE
AMOX TR-POTASSIUM CLAVULANATE	ENALAPRIL MALEATE	LUTERA	PROPOXYPHENE NAP-
AMOXICILLIN	ERYTHROMYCIN	MECLIZINE HCL	ACETAMINOPHEN
AMPHETAMINE SALT COMBO	ETODOLAC	MEDROXYPROGESTERONE ACETATE	PROPRANOLOL HCL
ANASTROZOLE	ESTRADIOL	MELOXICAM	QUINAPRIL HCL
APRI	FAMOTIDINE	METFORMIN HCL	RAMIPRIL
ATENOLOL	FELODIPINE ER	METHADONE HCL	RANITIDINE HCL
AVIANE	FENOFIBRATE	METHIMAZOLE	RECLIPSEN
AZELASTINE HCL	FENTANYL ^{QL, NM}	METHOTREXATE	RISPERIDONE
AZATHIOPRINE	FINASTERIDE	METHYLIN	ROPINIROLE HCL
AZITHROMYCIN	FLUCONAZOLE	METHYLPHENIDATE HCL	SERTRALINE HCL
BACLOFEN	FLUCINONIDE	METHYLPREDNISOLONE	SIMVASTATIN
BENZONATATE	FLUOXETINE HCL	METOCLOPRAMIDE HCL	SODIUM FLUORIDE
BENZOYL PEROXIDE	FLUTICASONE PROPIONATE	METOPROLOL TARTRATE	SOTALOL
BETAMETHASONE DIPROPIONATE	FOLIC ACID	METRONIDAZOLE	SPIRONOLACTONE
BRIMONIDINE TARTRATE	FUROSEMIDE	MICROGESTIN FE	SPRINTEC
BUPROPION HCL	GABAPENTIN	MINOCYCLINE HCL	SULFAMETHOXAZOLE-
BUSPIRONE HCL	GEMFIBROZIL	MIRTAZAPINE	TRIMETHOPRIM
BUTALBITAL-ACETAMINOPHEN-	GIANVI	MORPHINE SULFATE	SUMATRIPTAN SUCCINATE ^{QL, NM}
CAFFEINE	GLIMEPIRIDE	MUPIROCIN	TAMOXIFEN CITRATE
CALCITRIOL	GLIPIZIDE	NABUMETONE	TAMSULOSIN HCL
CAMILA	GLYBURIDE	NADOLOL	TEMAZEPAM
CARBIDOPA-LEVODOPA	HYDRALAZINE HCL	NAPROXEN	TERAZOSIN HCL
CARISOPRODOL	HYDROCHLOROTHIAZIDE	NECON	TETRACYCLINE HCL
CARVEDILOL	HYDROCODONE-ACETAMINOPHEN	NIFEDIPINE ER	TIMOLOL MALEATE
CEFUROXIME	HYDROCORTISONE	NITROFURANTOIN MONO-MACRO	TIZANIDINE HCL
CEPHALEXIN	HYDROMORPHONE HCL	NORTREL	TOPIRAMATE
CHERATUSSIN AC	HYDROXYCHLOROQUINE SULFATE	NORTRIPTYLINE HCL	TRAMADOL HCL
CHLORHEXIDINE GLUCONATE	HYDROXYZINE HCL	NYSTATIN	TRAZODONE HCL
CHLORTHALIDONE	IBUPROFEN	NYSTOP	TRETINOIN ^{PA}
CIPROFLOXACIN HCL	INDOMETHACIN	OCELLA	TRIAMCINOLONE ACETONIDE
CITALOPRAM HBR	IOPHEN-C NR	OFLOXACIN	TRIAMTERENE-HCTZ
CLARITHROMYCIN	IPRATROPIUM-ALBUTEROL ^{QL}	OMEPRAZOLE ^{QL}	TRINESSA
CLINDAMYCIN HCL	ISOSORBIDE MONONITRATE	ONDANSETRON HCL ^{QL, NM}	TRI-SPRINTEC
CLOBETASOL PROPIONATE	JUNEL	OXAZEPAM	TRIVORA-28
CLONAZEPAM	KARIVA	OXCARBAZEPINE	VALACYCLOVIR
CLONIDINE HCL	KETOCONAZOLE	OXYBUTYNYN CHLORIDE	VENLAFAXINE HCL
CLOTIMAZOLE-BETAMETHASONE	KETOROLAC TROMETHAMINE	OXYCODONE HCL	VERAPAMIL ER
CYCLOBENZAPRINE HCL	KLOR-CON 10	PAROXETINE HCL	VITAMIN D2
DESONIDE	LABETALOL HCL	PEG-3350 WITH FLAVOR PACKS	WARFARIN SODIUM
DEXTROAMPHETAMINE-	LAMOTRIGINE	PENICILLIN V POTASSIUM	ZOLPIDEM TARTRATE ^{QL, NM}
AMPHETAMINE MIXED SALTS	LANSOPRAZOLE ^{QL}	PHENAZOPYRIDINE HCL	ZOVIA 1-35E
DIAZEPAM	LATANOPROST	PHENYTOIN SODIUM EXTENDED	
DICLOFENAC SODIUM	LEVETIRACETAM	RELEASE	

Please note: A drug's tier placement may change at any time during the year.

The list of Top 200 Covered Drugs is current as of July 2011.

^{PA} **Prior authorization:** This drug requires approval from Tufts Health Plan before we will cover it. If your provider believes it is medically necessary for you to take the drug, he or she can submit a request to Tufts Health Plan. If approved, Tufts Health Plan will cover the medication.

ST **Step therapy:** Step therapy requires that the most cost-effective, therapeutically appropriate medications are used first, before other treatments may be covered. If your provider believes it is medically necessary for you to take the drug, he or she can submit a request to Tufts Health Plan. If approved, Tufts Health Plan will cover the medication.

^{QL} **Quantity limitation:** This drug has a quantity limitation. You will be covered for a certain quantity of the drug within a given time period. If your provider believes it is medically necessary for you to take a greater quantity of the drug, he or she can submit a request to Tufts Health Plan. If approved, Tufts Health Plan will cover the medication.

^{NM} This drug is not suitable for mail order because the quantity limitation is less than a 90-day supply.

WHERE TO FILL YOUR PRESCRIPTION

You have the following options when filling prescriptions:

1. Members of our Select plans are required to fill most of their maintenance medications through the CVS Caremark mail-order pharmacy service to receive coverage. Maintenance medications are those you refill each month for conditions such as diabetes, high blood pressure, and asthma. With mail order, you can fill a prescription for any one maintenance medication two times at a retail pharmacy. You will then receive coverage for the prescription through the CVS Caremark mail-order service only.

Please note: In general, mail-order service is not recommended for medications that are dispensed with quantity limitations of less than a 90-day supply. See Steps 2 and 3 on pages 1 and 2.

2. Go to any of the 63,000 participating retail pharmacies in the CVS Caremark network to obtain covered medications that do not have to be obtained through the CVS Caremark mail-order pharmacy service. These include retail chain stores, independent pharmacies, and designated specialty pharmacies, in addition to CVS/pharmacy locations.

3. Fill prescriptions for designated specialty medications at participating designated specialty pharmacies.

Here's how to get started with the CVS Caremark mail-order pharmacy service:

- Be sure you have any necessary approvals in place. See Steps 2 and 3 on pages 1 and 2.
- Call CVS Caremark Customer Service toll free at 1-800-581-5300. If your medication does not need an approval, you will be transferred to CVS Caremark's FastStartSM service, which will get you started with the mail-order service. You will need the following when you make the call:
 - Your Tufts Health Plan ID card
 - Medication name
 - Your provider's name and phone number
 - Shipping address
 - Credit card information and expiration date

Once you begin receiving medications by mail, you can order refills easily online or by phone.



Tufts Health Plan and CVS Caremark

As our pharmacy benefits manager, CVS Caremark reviews and processes your claims when you purchase prescription medications. Members covered by our pharmacy benefit may fill prescriptions at any of the more than 63,000 CVS Caremark-participating pharmacies, which include retail chain stores, independent pharmacies, and designated specialty pharmacies, in addition to CVS/pharmacy locations. The CVS Caremark Mail Service Pharmacy is required for HMO Select Network members who take maintenance medications.

FOR MORE INFORMATION

Tufts Health Plan Member Services 800-462-0224
tuftshealthplan.com

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No one does more to keep you healthy.