



## HOW TO USE YOUR PHARMACY BENEFIT

Here are step-by-step instructions on how to fill your 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](http://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<sup>PA</sup>: Step therapy
- DL: Dispensing 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](http://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.
- **DL (dispensing 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 **DL** amount posted on the list, he or she may submit a Universal Pharmacy Medical Review Request Form to request coverage.
- **ST<sup>PA</sup> (step therapy):** Check the step therapy document in the Pharmacy section at [tuftshealthplan.com/members](http://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](http://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 relative 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 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, dispensing limitations, and designated specialty pharmacy programs.

# TOP 200 COVERED GENERIC 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](http://tuftshealthplan.com). For more detailed benefit information, please review your benefit summary or member benefit document.

ACETAMINOPHEN/CODEINE	DESONIDE	LISINOPRIL	PHENYTOIN SODIUM EXTENDED
ACYCLOVIR	DEXAMETHASONE	LISINOPRIL/HCTZ	PIROXICAM
ALBUTEROL INHALATION SOLUTION <sup>DL</sup>	DEXTROAMPHETAMINE SULFATE	LITHIUM CARBONATE	POLYMYXIN B
ALENDRONATE SODIUM	DIAZEPAM	LORAZEPAM	SULFATE/TRIMETHOPRIM
ALLOPURINOL	DICLOFENAC SODIUM	LOVASTATIN	POTASSIUM CHLORIDE
ALPRAZOLAM	DICYCLOMINE HCL	LOW-OGESTREL	PRAVASTATIN SODIUM
AMITRIPTYLINE HCL	DIGOXIN	LUTERA	PREDNISOLONE ACETATE
AMLODIPINE BESYLATE	DIVALPROEX SODIUM	MECLIZINE HCL	PREDNISOLONE SODIUM PHOSPHATE
AMLODIPINE BESYLATE/BENAZEPRIL	DOXAZOSIN MESYLATE	MEDROXYPROGESTERONE ACETATE	PREDNISON
AMOXICILLIN	DOXYCYCLINE HYCLATE	MELOXICAM <sup>DL</sup>	PRENATAL PLUS
AMOXICILLIN/POTASSIUM	ECONAZOLE NITRATE	METFORMIN HCL	PROCHLORPERAZINE MALEATE
CLAVULANATE	ENALAPRIL MALEATE	METFORMIN HCL ER	PROMETHAZINE HCL
AMPHETAMINE SALT COMBO	ENDOCET	METHADONE HCL	PROMETHAZINE/CODEINE
APRI	ERYTHROMYCIN	METHIMAZOLE	PROPOXYPHENE NAPSYLATE/APAP
ATENOLOL	ESTRADIOL	METHOTREXATE	PROPRANOLOL HCL
ATENOLOL/CHLOROTHALIDONE	ETHEDENT	METHYLPHENIDATE HCL	QUINAPRIL HCL
AVIANE	ETODOLAC	METHYLPREDNISOLONE	RAMIPRIL
AZATHIOPRINE	FAMOTIDINE	METOCLOPRAMIDE HCL	RANITIDINE HCL
AZITHROMYCIN	FELODIPINE ER	METOPROLOL SUCCINATE	RECLIPSEN
BACLOFEN	FENTANYL TRANSDERMAL PATCH	METOPROLOL TARTRATE	RISPERIDONE
BENZONATATE	FINASTERIDE 5MG <sup>PA</sup>	METRONIDAZOLE	ROPINIROLE HCL
BENZOYL PEROXIDE	FLUCONAZOLE	MICROGESTIN FE	SERTRALINE HCL
BETAMETHASONE DIPROPIONATE	FLUOCINONIDE	MINOCYCLINE HCL	SIMVASTATIN
BUPROPION HCL	FLUOXETINE HCL	MIRTAZAPINE	SODIUM FLUORIDE
BUPROPION SR	FLUTICASONE PROPIONATE	MOMETASONE FUROATE	SPIRONOLACTONE
BUPROPION XL	NASAL SPRAY <sup>DL</sup>	MONONESSA	SPRINTEC
BUSPIRONE HCL	FOLIC ACID	MORPHINE SULFATE	SULFAMETHOXAZOLE/TRIMETHOPRIM
BUTALBITAL/APAP/CAFFEINE	FUROSEMIDE	MUPIROCI	SUMATRIPTAN SUCCINATE <sup>DL</sup>
BUTALBITAL/ASPIRIN/CAFFEINE	GABAPENTIN	NABUMETONE	TAMOXIFEN CITRATE
CAMILA	GEMFIBROZIL	NADOLOL	TEMAZEPAM
CARBAMAZEPINE	GLIMEPIRIDE	NAPROXEN	TERAZOSIN HCL
CARBIDOPA/LEVODOPA	GLIPIZIDE	NECON 1/35	TETRACYCLINE HCL
CARISOPRODOL	GLIPIZIDE ER	NEOMYCIN/POLYMYXIN/HC	TIMOLOL MALEATE
CARTIA XT	GLYBURIDE	NIFEDIPINE ER	TIZANIDINE HCL
CARVEDILOL	GLYBURIDE/METFORMIN HCL	NITROFURANTOIN MACROCRYSTALS	TRAMADOL HCL
CEFADROXIL	HYDROCHLOROTHIAZIDE	NITROQUICK	TRAZODONE HCL
CEFDINIR	HYDROCODONE W/ACETAMINOPHEN	NORTREL	TRETINOIN TOPICAL <sup>PA</sup>
CEFUROXIME	HYDROCORTISONE	NORTRIPTYLINE HCL	TRIAMCINOLONE ACETONIDE
CEPHALEXIN	HYDROCORTISONE VALERATE	NYSTATIN	TRIAMTERENE/HCTZ
CHERATUSSIN AC	HYDROMORPHONE HCL	NYSTATIN/TRIAMCINOLONE	TRINESSA
CHLORHEXIDINE GLUCONATE	HYDROXYCHLOROQUINE SULFATE	OCELLA	TRI-SPRINTEC
CIPROFLOXACIN HCL	HYDROXYZINE HCL	OFLOXACIN	TRIVORA-28
CITALOPRAM HBR	IBUPROFEN	OMEPRAZOLE <sup>DL</sup>	VENLAFAXINE HCL
CLARITHROMYCIN	INDOMETHACIN	ONDANSETRON HCL <sup>DL, NM</sup>	VERAPAMIL HCL
CLINDAMYCIN HCL	ISOSORBIDE MONONITRATE	OXCARBAZEPINE	WARFARIN SODIUM
CLINDAMYCIN PHOSPHATE	KARIVA	OXYBUTYNIN CHLORIDE ER	ZOLPIDEM TARTRATE <sup>DL, NM</sup>
CLOBETASOL PROPIONATE	KETOCONAZOLE	OXYCODONE HCL	ZOVIA 1-35E
CLONAZEPAM	LABETALOL HCL	OXYCODONE W/ACETAMINOPHEN	
CLONIDINE HCL	LAMOTRIGINE	PANTOPRAZOLE SODIUM <sup>DL</sup>	
CLOTIMAZOLE/BETAMETHASONE	LEVORA-28	PAROXETINE HCL	
COLCHICINE	LEVOTHYROXINE SODIUM	PENICILLIN V POTASSIUM	
CYCLOBENZAPRINE HCL	LEVOXYL	PHENAZOPYRIDINE HCL	

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 March 2009.

<sup>PA</sup>**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/she can submit a request to Tufts Health Plan. If approved, Tufts Health Plan will cover the medication.

<sup>ST</sup>**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/she can submit a request to Tufts Health Plan. If approved, Tufts Health Plan will cover the medication.

<sup>DL</sup>**Dispensing limitation:** This drug has a dispensing 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/she can submit a request to Tufts Health Plan. If approved, Tufts Health Plan will cover the medication.

<sup>NM</sup>This drug is not suitable for mail order because the dispensing 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 dispensing limitations of less than a 90-day supply. See Steps 2 and 3.

**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.
- 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 FastStart<sup>SM</sup> 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 1-800-462-0224  
[tuftshealthplan.com](http://tuftshealthplan.com)

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