



## 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](http://tuftshealthplan.com) and click on Pharmacy on the I'm a Member tab.

On the Pharmacy screen, click on one of the following links:

- Massachusetts employer-based plans
- Rhode Island employer-based plans
- 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
- **QL:** Quantity limitation
- **NC:** Non-covered
- **SP:** Designated specialty pharmacy

## STEP 3

### If your medication has the following:

- **PA (prior authorization):** Contact the provider who has written 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 Pharmacy Medical Review Request Form—available at [tuftshealthplan.com/providers](http://tuftshealthplan.com/providers)—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.
- **NC (non-covered):** Contact the provider who has written your prescription. If your provider believes a drug with an **NC** is necessary for your treatment, he or she may submit a request for coverage by faxing a Universal Pharmacy Medical Review Request Form—available at [tuftshealthplan.com/providers](http://tuftshealthplan.com/providers)—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 quantity posted in our list of covered drugs. If your provider believes it is necessary for you to take more than the **QL** quantity 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.

## 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 some generics and brand-name drugs
- **Tier 3:** You pay the highest copayment; includes some generics and the 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. Most drugs are included in our formulary.

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 limitation, and designated specialty pharmacy programs.



# TOP 200 COVERED DRUGS

This is a list of the 200 medications most used by Tufts Health Plan members. This is not a complete list of drugs covered by the Tufts Health Plan 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.

## TIER 1 COPAYMENT

ACETAMINOPHEN-CODEINE	CRYSELLE	LEVORA-28	OXYCODONE-ACETAMINOPHEN
ACYCLOVIR	CYCLOBENZAPRINE HCL	LEVOTHYROXINE SODIUM	PAROXETINE HCL
ALBUTEROL SULFATE <sup>QL</sup>	DESONIDE	LEVOXYL	PEG-3350 WITH FLAVOR PACKS
ALENDRONATE SODIUM	DEXTRAMPHETAMINE-AMPHETAMINE MIXED SALTS	LISINOPRIL	PENICILLIN V POTASSIUM
ALLOPURINOL		LISINOPRIL-HYDROCHLOROTHIAZIDE	PHENAZOPYRIDINE HCL
ALPRAZOLAM	DIAZEPAM	LORAZEPAM	POLYMYXIN B SULFATE-TRIMETHOPRIM
AMITRIPTYLINE HCL	DICLOFENAC SODIUM	LOSARTAN-HYDROCHLOROTHIAZIDE	PRAVASTATIN SODIUM
AMLODIPINE BESYLATE	DILTIAZEM 24HR ER	LOVASTATIN	PREDNISOLONE SODIUM PHOSPHATE
AMOX TR-POTASSIUM CLAVULANATE	DOXYCYCLINE HYCLATE	LOW-GESTREL	PREDNISOLONE ACETATE
AMOXICILLIN	ECONAZOLE NITRATE	LUTERA	PREDNISON
AMPHETAMINE SALT COMBO	ENALAPRIL MALEATE	MECLIZINE HCL	PRENATAL PLUS
APRI	ERYTHROMYCIN	MEDROXYPROGESTERONE ACETATE	PROCHLORPERAZINE MALEATE
ATENOLOL	ESTRADIOL	MELOXICAM	PROMETHAZINE-CODEINE
AVIANE	FENOFIBRATE	METFORMIN HCL	PROPRANOLOL HCL
AZELASTINE HCL	FINASTERIDE	METFORMIN HCL ER	RANITIDINE HCL
AZITHROMYCIN	FLUCONAZOLE	METHOTREXATE	RISPERIDONE
BENZONATATE	FLUOCINONIDE	METHYLIN	SERTRALINE HCL
BENZOYL PEROXIDE	FLUOXETINE HCL	METHYLPHENIDATE HCL	SIMVASTATIN <sup>ST</sup>
BETAMETHASONE DIPROPIONATE	FLUTICASONE PROPIONATE	METHYLPREDNISOLONE	SPIRONOLACTONE
BUDESONIDE	FOLIC ACID	METOPROLOL SUCCINATE	SPRINTEC
BUPROPION HCL SR	FUROSEMIDE	METOPROLOL TARTRATE	SUMATRIPTAN SUCCINATE <sup>QL</sup>
BUPROPION XL	GABAPENTIN	METRONIDAZOLE	TAMSULOSIN HCL
BUSPIRONE HCL	GEMFIBROZIL	MICROGESTIN FE	TOBRAMYCIN-DEXAMETHASONE
BUTALBITAL-ACETAMINOPHEN-CAFFEINE	GIANVI	MINOCYCLINE HCL	TOPIRAMATE
CARISOPRODOL	GLIPIZIDE	MIRTAZAPINE	TRAMADOL HCL
CARVEDILOL	GLYBURIDE	MOMETASONE FUROATE	TRAZODONE HCL
CEFDINIR	HYDROCHLOROTHIAZIDE	NABUMETONE	TRETINOIN <sup>PA</sup>
CEFPROZIL	HYDROCODONE-ACETAMINOPHEN	NAPROXEN	TRIAMCINOLONE ACETONIDE
CEFUROXIME	HYDROCORTISONE VALERATE	NECON	TRIAMTERENE-HYDROCHLOROTHIAZIDE
CEPHALEXIN	HYDROMORPHONE HCL	NEOMYCIN-POLYMYXIN-HC	TRI-SPRINTEC
CHLORHEXIDINE GLUCONATE	HYDROXYCHLOROQUINE SULFATE	NEXIUM <sup>NC</sup>	TRIVORA-28
CIPROFLOXACIN HCL	HYDROXYZINE HCL	NITROFURANTOIN MONOHYDRATE MACROCRYSTAL	VALACYCLOVIR
CITALOPRAM HBR	IBUPROFEN	NORTRIPTYLINE HCL	VENLAFAXINE HCL
CLARITHROMYCIN	INDOMETHACIN	NYSTATIN	VENLAFAXINE HCL ER
CLINDAMYCIN HCL	IOPHEN-C NR	OCELLA	VERAPAMIL ER
CLINDAMYCIN PHOSPHATE	JUNEL	OFLOXACIN	VITAMIN D2
CLOBETASOL PROPIONATE	JUNEL FE	OMEPRAZOLE <sup>QL</sup>	WARFARIN SODIUM
CLONAZEPAM	KARIVA	ONDANSETRON HCL <sup>QL</sup>	ZOLPIDEM TARTRATE <sup>QL</sup>
CLONIDINE HCL	KETOCONAZOLE	OXYCODONE HCL	
CLOTRIMAZOLE-BETAMETHASONE	LAMOTRIGINE		

## TIER 2 COPAYMENT

ACTOS	HUMALOG	PLAVIX	SYMBICORT <sup>QL</sup>
ADVAIR DISKUS <sup>QL</sup>	LANTUS	PROAIR HFA <sup>QL</sup>	TAMIFLU <sup>QL</sup>
AVELOX	NASONEX <sup>QL</sup>	SEROQUEL (PA REQUIRED FOR 25 & 50 MG)	VAGIFEM
CRESTOR <sup>ST</sup>	NIASPAN	SINGULAIR	
EPIPEN <sup>QL</sup>	NOVOLOG	STRATTERA <sup>QL</sup>	
FLOVENT HFA <sup>QL</sup>	NUVARING	SUBOXONE <sup>PA, QL</sup>	

## TIER 3 COPAYMENT

ABILIFY <sup>QL</sup>	CYMBALTA <sup>ST, QL</sup>	LEXAPRO <sup>ST</sup>	SYNTHROID
BENICAR	DIOVAN	LIPITOR <sup>ST</sup>	VENTOLIN HFA
CELEBREX <sup>PA</sup>	DIOVAN HCT	PANTOPRAZOLE SODIUM <sup>ST, QL</sup>	VIAGRA <sup>QL</sup>
CIALIS <sup>QL</sup>	LANTUS SOLOSTAR	PATANOL	VYVANSE <sup>ST</sup>
CONCERTA <sup>ST</sup>	LANSOPRAZOLE <sup>ST, QL</sup>	PREMARIN	ZETIA <sup>ST</sup>

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.

<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 or 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 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 can submit a request to Tufts Health Plan. If approved, Tufts Health Plan will cover the medication.

<sup>QL</sup> **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.

<sup>SP</sup> **Designated Specialty Pharmacy**

# WHERE TO FILL YOUR PRESCRIPTION

You have the following options when filling prescriptions:

1. **Go to any of the 63,000 participating retail pharmacies in the CVS Caremark network** to obtain most covered medications.
2. **Use the CVS Caremark mail-order pharmacy service for most covered maintenance medications** and you may save on up to a 90-day supply. Maintenance medications are those you refill each month for conditions such as diabetes, high blood pressure, and asthma.  
  
**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 on pages 1 and 2.
3. **Fill prescriptions for designated specialty medications** at participating designated specialty pharmacies.

**If you choose to use the CVS Caremark mail-order pharmacy service, here's how to get started:**

- Be sure you have any necessary approvals in place. (See Steps 2 and 3 on pages 1 and 2.) Then call CVS Caremark Customer Service toll free at 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 physician'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](http://tuftshealthplan.com)

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**TUFTS  Health Plan**  
*No one does more to keep you healthy.*