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PRESCRIPTION DRUG LOOKUP & FORMULARY GUIDES

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PRESCRIPTION DRUG LOOKUP & FORMULARY GUIDES

Whether a client is new to a health plan or has recently made a change to their policy, they need to be aware of if and how their prescription drugs are covered under the plan. Aetna, BCBSIL, and UHC all have the online tools that members can utilize to find the answers to these questions.

The following topics will be discussed in this section:

- Prescription Drug Search
- Rx Home Delivery
- Prior Authorization/Step Therapy
- Specialty Pharmacy
- Dispensing Limits
- Formulary Guides

Aetna – Pharmacy website overview

1. Go to [www.aetna.com](http://www.aetna.com) and click on “Individuals & Family” then click on the Menu

![Aetna Website Screenshot](image)
2. Click on “Pharmacy”

3. Here you will find information about the Aetna Rx Home Delivery program
4. Scroll down and search for a medication or find a pharmacy

5. Find information about Aetna’s Specialty Pharmacy
6. Or learn about Aetna’s Condition Support Program

Aetna Medication Search

1. To look up a specific medication, click the “Medicine Search” button
2. Click the “Medication Search” in the top right corner or select the formulary by plan in the drop down fields.

2015 Aetna Pharmacy Plan Drug List Information

Formulary library
Welcome to the Aetna Pharmacy Plan Drug List Library

Use this page to learn which drugs are covered in your pharmacy plan. Then, you can talk to your doctor about your medicine.

To access your Aetna Pharmacy Plan Drug List, select one of the choices from the drop down boxes below. To see Aetna Pharmacy Plan Drug Lists for 2014 or previous years, scroll down to the bottom of the page.

See your plan summary documents to determine which drug list applies to your plan.

- For individual pharmacy plans – see Aetna Individual Formulary
- For information on Small Groups Plans – see Aetna Value Formulary and Aetna Value Plus Formulary
- For larger group plans for Fully-insured or Self-Insured Plan- see the Aetna Commercial Formulary

<table>
<thead>
<tr>
<th>Formulary Options</th>
<th>Select Options</th>
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<tbody>
<tr>
<td>Aetna Individual Formulary</td>
<td>SELECT</td>
</tr>
<tr>
<td>Aetna Value Formulary</td>
<td>SELECT</td>
</tr>
<tr>
<td>Aetna Value Plus Formulary</td>
<td>SELECT</td>
</tr>
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<td>Aetna Premier Formulary</td>
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<tr>
<td>Aetna Commercial Formulary</td>
<td>SELECT</td>
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<tr>
<td>Aetna Commercial Formulary #2</td>
<td>SELECT</td>
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<tr>
<td>Chronic and Preventive Drug Lists</td>
<td>SELECT</td>
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<tr>
<td>Aetna Healthy Action Drug Lists</td>
<td>SELECT</td>
</tr>
<tr>
<td>Health Care Reform No Cost Sharing Drug Lists</td>
<td>SELECT</td>
</tr>
</tbody>
</table>
3. Enter in the drug’s name and click CONTINUE

Drug or Therapeutic Class Search

* = Required Fields

Please select the Drug Search tab or the Therapeutic Class Search tab and enter your search criteria.

Drug Name: * AMBIEN

4. View which tier the drug the drug falls into and whether there are quantity limits, step therapy or prior authorization requirements.

Some members with a three-tier copay/poen formulary benefits plan pay the lowest copay for all generic drugs, regardless of whether they are on the Preferred Drug List.

<table>
<thead>
<tr>
<th>Tier One</th>
<th>Tier Two</th>
<th>Tier Three</th>
<th>Suggested Alternatives</th>
<th>Additional Information</th>
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<tbody>
<tr>
<td>AMBIEN TAB 10MG</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMBIEN TAB 5MG</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

THERAPEUTIC CLASS: ‘NON BARRBUTURATE HYPNOTICS’

- Quantity Limitation
- Step Therapy Applies
- Generic is Available: zolpidem tartrate tab 10 mg
- Generic is Available: zolpidem tartrate tab 5 mg
BCBSIL – Pharmacy website overview

1. Go to www.bcbsil.com and click on “Already a Member?”

2. Click on “Prescription Drug Information”
3. Choose either “HMO Members” or “Other Members”

4. View formulary guides, information regarding dispensing limits, Mail Order, Prior Authorization/Step Therapy, and more.

- Formulaires for 2014 Individual Plans and Employer-offered Plans
- Formulaires for 2014 Metallic Plans on and off the Marketplace
- What You Should Know about the Prescription Drug Formulary
- Search Formulary and Find a Pharmacy
- What You Should Know About Dispensing Limits
- Over-the-Counter Equivalent Exclusion Program
- Mail Service Program
- Prime Specialty Pharmacy
- Prior Authorization/Step Therapy Program
BCBSIL Medication Search

1. Click on “Search Formulary and Find a Pharmacy”. This will provide a link to the Prime Therapeutics website, which is BCBSIL’s pharmacy benefit manager. Their website is www.myprime.com

   Search Formulary and Find a Pharmacy

   If your health plan includes BCBSIL prescription drug benefits, these are administered by Prime Therapeutics, the pharmacy benefit manager (PBM).

   Visit [Prime Therapeutics](http://www.myprime.com) to:
   - Search for prescription drugs
   - Find a pharmacy
   - Order mail service refills or new prescriptions online
   - View status of coverage for your drugs
   - Download forms and brochures
   - Get drug cost estimates
   - Learn more about drug side effects or interactions

   BCBSIL has a broad network of contracting pharmacies. To use your benefits, simply find a contracting pharmacy close to you and present your member ID card.

2. A member can create a login and password or sign in if they have an existing account. You can also do a search without signing in.
3. Choose “BCBS Illinois” for health plan and if you’re searching on behalf of a Medicare Part D member. Click “Continue to MyPrime” and then “Continue” again.

4. Click on “Find Drugs & Estimates”
5. Select the appropriate Drug Formulary – on or off the Marketplace

Select Health Plan

Select Your Health Plan:
BCBS Illinois

Medicare Part D Member:
No

Select Your Health Plan Type:
Other BCBSIL Plans

In order to provide the correct information, select the appropriate formulary below. If you have a question about which formulary you should select, contact the customer service number on the back of your member ID card.

Select One

Don't see your Health Plan or Employer Group? You may be eligible to use the new MyPrime.com
Go to the new MyPrime.com

6. Type in the drug name. Click “Select” to the right of the correct medication.

Search By Drug Name

Your search results will be returned below. Generic drugs are shown in lowercase. Brand drugs are shown in UPPERCASE. To select a drug for pricing, click the Select link. Printable Formulary is available below.

Enter drug name (3 characters or more): AMBIEN

SEARCH

AMBIEN
AMBIEN CR

Select
Select

Results 1-2 of 2
7. Choose the dosage and click CONTINUE

8. The Formulary Status will be shown, along with a 30-day and 90-day supply cost estimate. If a generic equivalent is available, it will be listed below with the total cost estimate. You can also view more alternatives (if available).
UnitedHealthcare – Pharmacy website overview

1. Go to www.myuhc.com and click “Pharmacy Information”

2. A window will pop up with additional information regarding UHC’s Pharmacy Programs

Pharmacy Information

UnitedHealthcare Pharmacy Benefit Programs

The information on this website is intended to provide general pharmacy information for UnitedHealthcare members. The information on this site is NOT specific to your benefit plan. If you are a UnitedHealthcare member please register or log on to myuhc.com to find pharmacy information specific to your benefit plan. Whether you are a UnitedHealthcare member or pre-enrolled your pharmacy benefit could differ greatly from the information provided here. This website should only be used for estimating purposes. If you are a pre-enrolled, and you would like to learn more about your specific pharmacy benefit, please contact your employer.

Our Goal
We want to assist you in maximizing your pharmacy benefit and lowering your overall pharmacy costs.

- Access
  - We provide access to a wide variety of U.S. Food and Drug Administration (FDA) approved prescription medications.
  - There are approximately 64,000 retail pharmacies in our network, log in to myuhc.com to use our “Pharmacy Locator” tool to help locate an in-network pharmacy.
3. If you scroll down on this window, you can download the 3-tier and 4-tier Prescription Drug Lists in a PDF format

Your Prescription Drug List (PDL)
The PDL includes the most commonly used medications and groups them on tiers, representing the cost you pay. This cost is decided by your employer or health plan. Tiering medications makes it easy for you to find other options that could help you save money if the drug you are taking is on a higher tier. It's more than a list of drugs, and can help you manage your costs and find other medication options.

IMPORTANT: These PDLs do not apply to all plans. Log on to myuhc.com to learn about your specific benefit coverage

Here is our 2014 Tier 3 Prescription Drug List effective July 1, 2014
Here is our 2014 Tier 4 Prescription Drug List effective July 1, 2014
Texas Prescription Drug List for renewals July 1 to Dec. 31, 2014
Texas Prescription Drug List for renewals January 1 to June 30, 2014
Louisiana Prescription Drug List
Here is our 2014 Tier 3 Prescription Drug List effective January 1, 2014
Here is our 2014 Tier 4 Prescription Drug List effective January 1, 2014

As part of Health Care Reform, health plans must cover certain Preventive Care Medications at no cost to you when:

4. Members can login to their myuhc.com to get drug copay estimates. You can view a guided tour by clicking on “Take Tour of the Site!”
UHC – Mandatory Mail Service Program

Effective July 1st, 2014, UHC will be implementing a new mandatory mail service program for Illinois (2-99) employer groups. The Member Select℠ program helps members better manage medications they take on a regular basis through OptumRx Mail Service Pharmacy.

After two fills at a retail pharmacy, the program requires the use of home delivery for maintenance medication. However, the member can choose to decline mail service and continue filling their maintenance medication at a retail pharmacy at their normal cost share amount. *If a member does not take any action, all additional fills will be at the full out-of-network cost.*

[UHC Mail Service Member Select Program Brochure](UHC_Mail_Service_Member_Select_Program_Brochure) and Maintenance Medication List

Prior Authorization and Step-Therapy Programs

Prescription Benefit Managers (PBMs) have a variety of tools to help control prescription drug spending and promote cost effective care.

*Step Therapy*

The Step Therapy program encourages safe and cost-effective medication use. Under this program, a “step” approach is required to receive coverage for certain high-cost medications. This means that to receive coverage, the member may need to first try a **generic equivalent** before a more costly brand name drug.

A generic equivalent has the same active ingredients as its brand-name counterpart. Most states have laws that let pharmacists automatically replace a brand-name drug with its generic equivalent.

**EXAMPLE** - the total cost for a 30 day supply of Ambien is approximately $311. The generic equivalent to Ambien, zolpidem tartrate, only costs about $6 a month. **That’s a savings of over $300 a month!!**

If a member has already tried the generic equivalent and it was ineffective or caused adverse reactions, their physician can submit an appeal to the carrier requesting that the brand name drug be used with supporting medical documentation outlining why the generic cannot be used.

*Prior Authorization*

Similar to the step-therapy approach, the Prior Authorization program also encourages safe and cost-effective medication use. The purpose of the program is to avoid the potential misuse of high-cost drugs. Before a medication included in the prior authorization program can be covered under the plan, the member’s physician must submit a request for approval to the carrier. If the request is denied, the medication will not be covered under the plan and the member must pay out of pocket for it.
Specialty Pharmacy

Specialty medications are prescribed to treat complex and chronic (long-term) conditions. Examples include multiple sclerosis (MS), hemophilia, and rheumatoid arthritis. In addition to being high-cost, specialty medications usually:

- Must be injected or infused, though some may be taken orally
- Have unique storage or shipment requirements
- Require additional education and support from a health care professional

These medications must be ordered through the PBM’s Specialty Pharmacy. The medication can be delivered to the member’s home or doctor’s office, usually within a few days. If a member tries to fill a specialty medication at a retail pharmacy instead of using the PBM’s Specialty Pharmacy program, the drug will either not be covered or the member will have to pay a penalty, depending on the carrier’s rule.

Dispensing Limits

Drug dispensing limits help encourage medication use as intended by the FDA. Coverage limits are placed on medications in certain drug categories. Limits may include:

- Quantity of covered medication per prescription
- Quantity of covered medication in a given time period
- Coverage only for members within a certain age range
- Coverage only for members of a specific gender

If the doctor prescribes a greater quantity of medication than what the dispensing limit allows, the member will be responsible for the cost difference. If it is medically necessary for a member to take more of the medication than the dispensing limit, the physician can file a letter of medical necessity with the PBM.

Member Pay the Difference Program

If a member chooses a brand name drug when a generic drug is available, they will be responsible for the difference between the allowable charge for the brand name drug and the allowable charge for the generic drug equivalent. This amount is in addition to any copayment and/or coinsurance amount.

**EXAMPLE** – a 30 day supply of brand name Ambien with BCBSIL is $376. A generic equivalent (zolpidem tartrate) is $6 a month. Member would pay the difference between the two drugs, $370.
Formulary Guides

The carrier’s formulary guide will indicate if a drug falls into one of the above mentioned categories. Please note that Formulary Guides are updated throughout the year, so please always visit the carrier’s website for the most up to date information.

### Three Tier Commercial Preferred Drug (formulary) Guide

**Pharmacy Benefit Plans**

<table>
<thead>
<tr>
<th>Medicine name</th>
<th>Three Tier</th>
<th>Pre-certification</th>
<th>Quantity Limits</th>
<th>Step-Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedative/Hypnotics – Nonbarbiturates</td>
<td>AMBIEN</td>
<td>3</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

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**April 2014 Standard Drug Formulary**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>zolpidem (Ambien – brand is NF)</td>
<td></td>
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<td></td>
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</tbody>
</table>

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# Your 2014 Four-Tier Prescription Drug List

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements &amp; Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Nervous System: Sedatives/Hypnotics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambien CR</td>
<td>4</td>
<td>E, SL, ST</td>
</tr>
</tbody>
</table>

**Bold type = Brand name drug**

**Plain type = Generic drug**

DSP = Designated Specialty Program
E = May be excluded from coverage
MC = Multiple Copay

N = Notification or Prior Authorization required
RS = May be eligible for the Refill and Save Program
SDP = Select Designated Pharmacy
SL = Supply Limit
ST = Step Therapy
1/2T = May be eligible for Half Tablet