

Your pharmacy benefit explained.



Pharmacy benefits aren't easy to understand—that's why we've broken it down.



First things first.
Find out if your drug is covered.

The fastest and easiest way to find out if your drug is covered is to visit our website. Go to tuftshealthplan.com/gic and check to see if your drug is on the formulary (the list of covered drugs) for your plan.

If you see any of the terms below in connection with your prescription, be sure to take any necessary action to ensure your prescription is filled.

PA: Prior Authorization

Some drugs require prior approval (PA) from Tufts Health Plan before they're covered. If your provider believes that you require one of these drugs, he or she may submit a request for coverage. If the drug meets our medical necessity coverage guidelines, your request will be approved, and we will cover the drug. If for some reason it is not approved, you have the right to appeal the decision.

ST^{PA}: Step Therapy Prior Authorization

You may be required to try a certain drug to treat a specific medical condition before Tufts Health Plan will approve the coverage of another drug for the same condition. 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 submit a request for coverage. If you are a new member, please call to let us know if you are currently taking step therapy drugs from another plan.

NTM: New-To-Market Drug Evaluation

In an effort to ensure that the new-to-market prescriptions we cover are safe, effective and affordable, we delay coverage of many new drug products until we can fully review them. These drugs require prior authorization. If your doctor feels you need a new- to-market medication, he or she may contact us to request coverage.

QL: Quantity Limitation

Some drugs have limits on how much you can get in a specific time period. You're covered for up to the quantity posted in our list of covered drugs. If your provider believes it's necessary for you to take more than the quantity limit, he or she may submit a request for coverage.

SP: Designated Specialty Pharmacy

We've selected special pharmacies to supply medications used to treat certain complex disease states. These pharmacies specialize in providing these medications and are staffed with nurses, coordinators and pharmacists to better support members. These pharmacies will appear in the search results of covered drugs. You may call the designated specialty pharmacy provider directly or contact the Tufts Health Plan Member Services Department at the number on your ID card for assistance. We want to make sure you receive your covered drugs without interruption.

NC: Non-Covered

Of the thousands of drugs listed on the Tufts Health Plan formularies, most are covered. However, Tufts Health Plan currently does not cover some drugs because there are safe, comparably effective, and cost-effective alternatives available. Our goal is to keep pharmacy benefits as affordable as possible.

If your provider believes a non-covered drug is necessary for your treatment, he or she may submit a request for coverage. If the drug meets our medical necessity coverage guidelines, your request will be approved, and we will cover the drug. If it is not approved, you have the right to appeal the decision.



Find out what it costs.

Not every drug is priced the same. There is a cost share or copay associated with every non-preventive prescription, and the amount you will have to pay is determined by the drug prescribed and its tier assignment. When you check your formulary, you'll see that there are up to three tiers. Be sure to check our website each time you need a prescription for the most updated formularies and tiers to determine your cost.



Tier 1:

Includes most generic drugs,
and is the lowest copay.



Tier 2:

Includes many generic and
brand-name drugs.



Tier 3:

Includes some generic and many
brand-name and specialty drugs.



How To Save With Maintenance Medications

Did you know you can save money when you order 90-day supplies of maintenance medications, rather than 30-day supplies?

You can receive 90-day supplies of your maintenance medications from either your local CVS Pharmacy or through the CVS Caremark Mail Service Pharmacy. You'll pay the same copayment either way—and save.

- To get your 90-day supply by mail, call CVS Caremark toll-free at 888-424-6618.
- To get your 90-day supply at your local CVS Pharmacy, bring your prescription or ask your doctor's office to call it in. Please note this only applies at CVS Pharmacy locations.

- If you want to continue receiving 30-day supplies of maintenance medications at a network pharmacy, we will cover two 30-day refills. After that, you must call CVS Caremark toll-free at 888-424-6618 to have your 30-day prescriptions covered. If you do not call, you will pay the full cost of your prescription. Please note: you will pay a higher cost with this option.

Member Services

800-870-9488

Monday – Thursday, 8 a.m. – 7 p.m.

Friday, 8 a.m. – 5 p.m.



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tuftshealthplan.com

Translation Available: With the help of Language Line Solutions, Tufts Health Plan speaks over 200 languages.

Please Note: E-mail may not be encrypted and may be accessed and viewed by other Internet users without your knowledge while in transit to us. For that reason, please do not submit confidential health care or personal information to us via e-mail.