

Prescription Drug Coverage

Welcome to Tufts Health Plan. We are very glad to have you as a member, and our goal is to do everything we can to make your transition to your new health plan as easy as possible. It's important to note that coverage for your prescriptions under Tufts Health Plan may be different than your previous health care coverage. We are providing this information to help you understand your pharmacy coverage under Tufts Health Plan.

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 is available for members who take maintenance medications. Maintenance medications are those you refill each month for conditions such as diabetes, high blood pressure, and asthma.

When You're Ready to Fill a New Prescription, Follow These Four Easy Steps:

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. Then click on the link that applies to you:

- Massachusetts employer-based plans
- Rhode Island employer-based plans
- Select Network plans

Search for the name of your medication on our list of covered drugs. 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 pharmacy management programs apply to your medication:

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

If any of these programs apply, follow the applicable recommendations outlined in step 3, below.

Step 3. Follow these appropriate steps for any applicable pharmacy management programs:

PA (prior authorization) or NC (non-covered): Contact the provider who has written your prescription. If your provider believes that a drug with a PA or NC is necessary for your treatment, he or she may submit a request for coverage by faxing a Universal Pharmacy Medical Review Request Form 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.

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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, and your provider believes that the drug prescribed for you is medically necessary, he or she may request coverage by submitting a Universal Pharmacy Medical Review Request Form.

QL (quantity limitation): You are covered for up to the amount posted in our list of covered drugs. If your provider believes that 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.

SP (designated specialty pharmacy): Call the designated specialty pharmacy provider indicated on our list of covered drugs, or contact the Tufts Health Plan Member Services Department at the number on your ID card to help ensure that you receive your medication without interruption.

Step 4. Check the cost of your covered medication copayment/coinsurance.

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
- **Tier 3:** You pay the highest copayment; includes the most-costly covered brand name drugs, those not included in Tier 2

To determine which tier applies to your prescription, go to tuftshealthplan.com and click on "Pharmacy" in the Members tab. There you will be able to search the drug list that relates to your plan.

Also, check the specifics of your pharmacy coverage in your secure online account to see if a deductible or coinsurance applies.

Order Maintenance Medications by Mail and Save Money

Mail order is a quick, convenient, and economical way to fill your prescriptions for most maintenance medications. You will need to have any necessary approvals in place (see steps 2 and 3 above). 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 FastStartSM service, which will get you started with the mail-order service.

You will need the following information 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.