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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

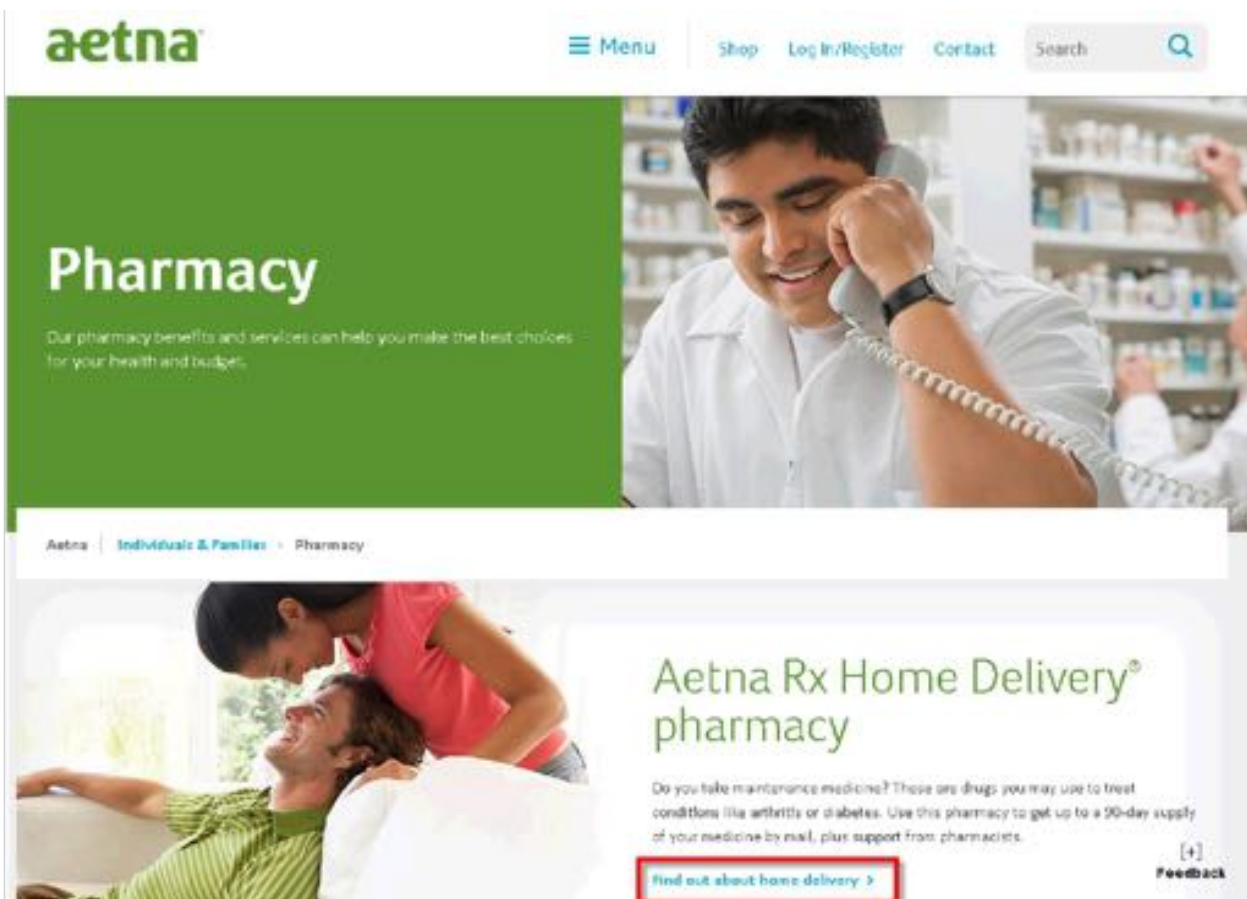
1. Go to [www.aetna.com](http://www.aetna.com) and click on “Individuals & Family” then click on the Menu



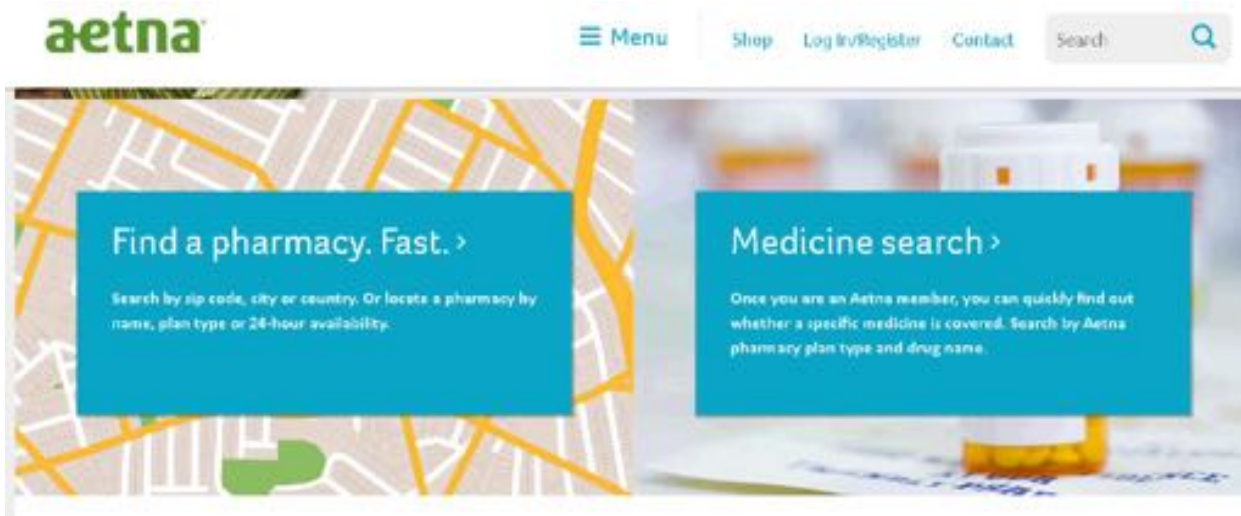
## 2. Click on "Pharmacy"



## 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

### Aetna Specialty Pharmacy®



#### Chronic conditions often require special medicines

Do you take specialty medicine? You may use it to treat conditions like multiple sclerosis, rheumatoid arthritis or cancer. It may be injected, infused or taken by mouth. It often needs special storage and handling.

[Learn more about specialty medicine >](#)

#### Get your specialty prescriptions filled fast

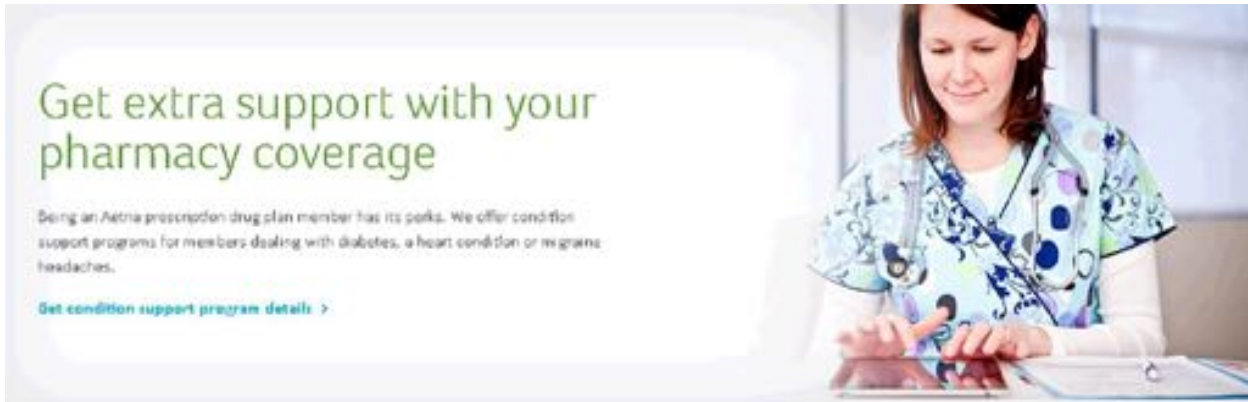
With Aetna Specialty Pharmacy, you can get your medicine by mail - sent to your home, doctor's office, or anywhere you choose. This unique medicine is packed and sent quickly, safely and securely. With free standard shipping, too.

[Learn more about the pharmacy >](#)

[+]  
Feedback

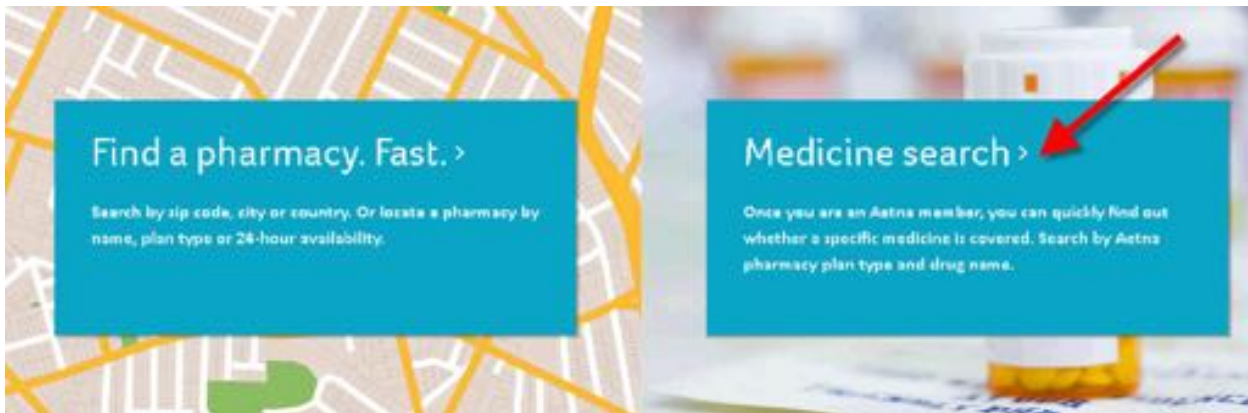


## 6. Or learn about Aetna's Condition Support Program



## 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*

Aetna Individual Formulary	<input type="text" value="—SELECT—"/>
Aetna Value Formulary	<input type="text" value="—SELECT—"/>
Aetna Value Plus Formulary	<input type="text" value="—SELECT—"/>
Aetna Premier Formulary	<input type="text" value="—SELECT—"/>
Aetna Premier Plus Formulary	<input type="text" value="—SELECT—"/>
Aetna Commercial Formulary	<input type="text" value="—SELECT—"/>
Aetna Commercial Formulary #2	<input type="text" value="—SELECT—"/>
Chronic and Preventive Drug Lists	<input type="text" value="—SELECT—"/>
Aetna Healthy Action Drug Lists	<input type="text" value="—SELECT—"/>
Health Care Reform No Cost Sharing Drug Lists	<input type="text" value="—SELECT—"/>

**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.

Enter the drug name or at least the first few characters.

Drug Name: \*

**CONTINUE**

**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/open formulary benefits plan pay the lowest copay for all generic drugs, regardless of whether they are on the Preferred Drug List.

Results 1-4 of 4

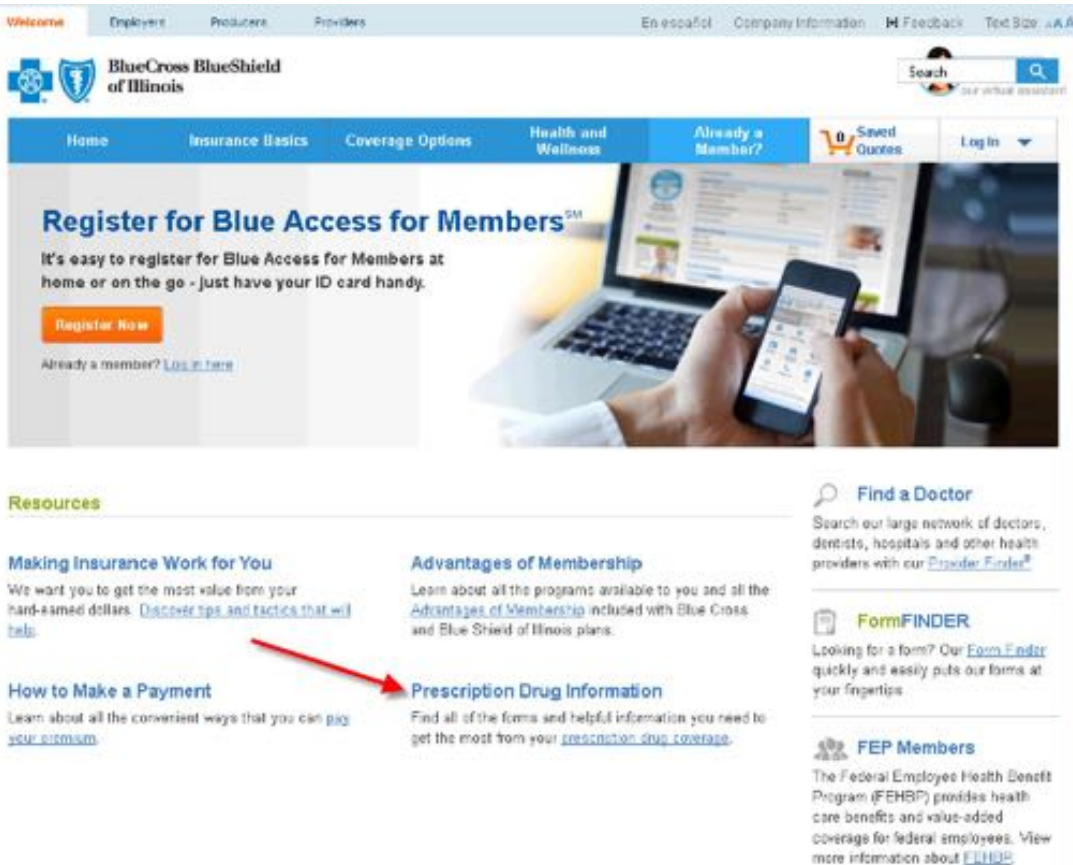
Tier One	Tier Two	Tier Three	Suggested Alternatives	Additional Information	Compare Selection
THERAPEUTIC CLASS: *NON-BARBITURATE HYPNOTICS**					
--	--	AMBIEN TAB 10MG	<a href="#">chloral hydrate</a> , <a href="#">eszazolam</a> , <a href="#">flurazepam hcl</a> , <a href="#">lorazepam QL</a> , <a href="#">phenobarbital</a> , <a href="#">temazepam</a> , <a href="#">triazolam</a> , <a href="#">zaleplon QL</a> , <a href="#">zolpidem tartrate QL</a> , <a href="#">zolpidem tartrate er QL</a>	- <a href="#">Quantity Limitation</a> - <a href="#">Step Therapy Applies</a> - Generic is Available: <i>zolpidem tartrate tab 10 mg</i>	<input type="radio"/>
--	--	AMBIEN TAB 5MG	<a href="#">chloral hydrate</a> , <a href="#">eszazolam</a> , <a href="#">flurazepam hcl</a> , <a href="#">lorazepam QL</a> , <a href="#">phenobarbital</a> , <a href="#">temazepam</a> , <a href="#">triazolam</a>	- <a href="#">Quantity Limitation</a> - <a href="#">Step Therapy Applies</a> - Generic is Available: <i>zolpidem tartrate tab 5 mg</i>	<input type="radio"/>

# BCBSIL – Pharmacy website overview

1. Go to [www.bcbsil.com](http://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.

**+ Formularies for 2014 Individual Plans and Employer-offered Plans**

**+ Formularies 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](http://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.

> Register to use MyPrime

> Member sign in

> Continue without sign in

What is your health plan?

BCBS Illinois

Are you a Medicare Part D member?

No

Continue to MyPrime

Welcome to MyPrime

A new experience is here

Get information and price your medicines.

4. Click on "Find Drugs & Estimates"

MyPrime

Font Size: [A] [A] [A]

Current Health Plan: BCBS Illinois | Other

Member Login

Username: Not Registered

Register Now

Password: Forgot Username

LOGIN

Find Drugs & Estimates

Find a Pharmacy

Go to MyPrimeMail.com

Welcome to MyPrime

MyPrime.com provides information and tools to help you manage your prescription drug benefit. Or log in to get specific information about your benefits. After you log in, you can check who is covered by your benefit. And you can look up drug prices. You can also search for a pharmacy near you, view your pharmacy claim history and more.

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

5. Select the appropriate Drug Formulary – on or off the Marketplace

## Select Health Plan

 CLOSE

Select Your Health Plan:


Medicare Part D Member:

Select Your Health Plan Type:

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.

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.

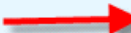
Find Drugs  Formulary & Pricing Details

**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):

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

AMBIEN	 <a href="#">Select</a>
AMBIEN CR	<a href="#">Select</a>

Results 1-2 of 2

7. Choose the dosage and click CONTINUE

## AMBIEN ✕ CLOSE

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Dosage Form / Strength\*:

Package Size\*: N/A

Monthly Quantity\*:

[How to determine Monthly Quantity](#) ?

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).

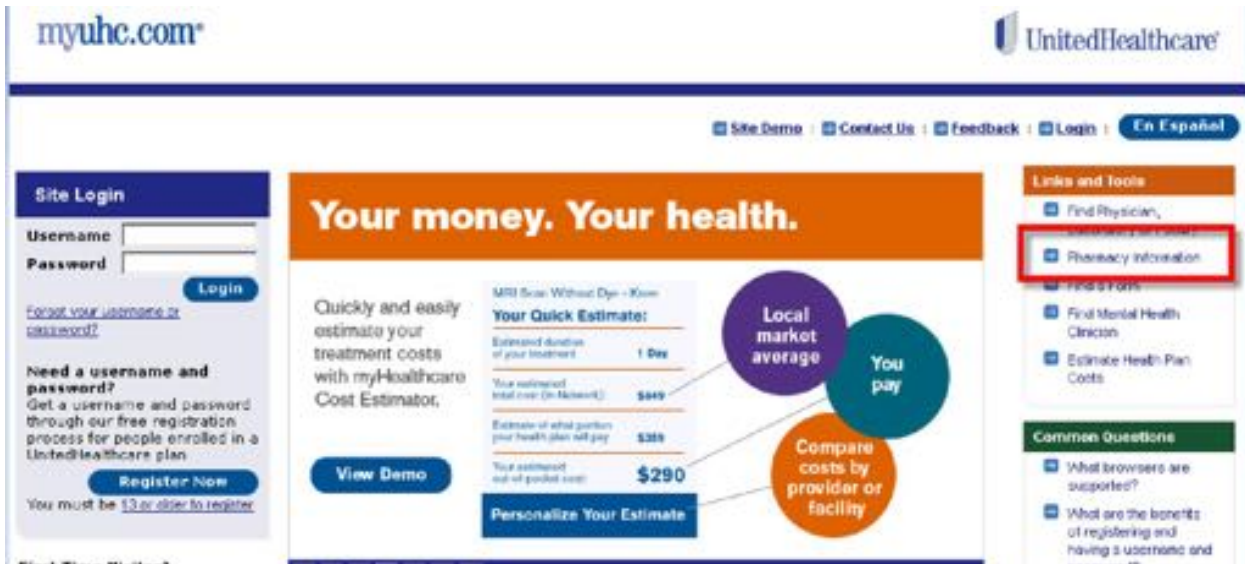
Common Retail Pharmacy | [CHANGE PHARMACY](#)

Drug Name	90-Day PrimeMail	30-Day Retail
<b>AMBIEN</b> (Brand)   <a href="#">EDIT</a> Tablet - 10mg Qty: 30.0 <div style="border: 2px solid red; padding: 2px; margin-top: 5px;">                         Formulary Status:  <a href="#">Non-Formulary</a> ?                     </div> <a href="#">Printable Formulary</a>	<div style="background-color: #fff9c4; padding: 5px; display: inline-block;"> <b>Total Cost Estimate</b> ?                 </div> \$861.64	<div style="background-color: #fff9c4; padding: 5px; display: inline-block;">                 \$310.86             </div>
The prices listed are not specific to your benefit plan. If you are already a member, <a href="#">Log In</a> or <a href="#">Register Now</a> to get prices specific to your benefits.		
<b>Generic Equivalent to AMBIEN</b> ? <span style="color: red; font-size: 1.2em;">←</span>		
<b>zolpidem tartrate</b> Tablet - 10mg Qty: 30.0 Formulary Status: <a href="#">Formulary</a> ?	<div style="background-color: #fff9c4; padding: 5px; display: inline-block;"> <b>Total Cost Estimate</b> ?                 </div> \$13.74	<div style="background-color: #fff9c4; padding: 5px; display: inline-block;">                 \$6.23             </div>
<div style="background-color: #e1f5fe; padding: 5px; display: inline-block;"> <b>Savings</b> </div> <a href="#">How is this calculated?</a>		<div style="background-color: #fff9c4; padding: 5px; display: inline-block;">                 \$847.90             </div>
<span style="color: red; font-size: 1.2em;">→</span> <input style="background-color: #76b82a; color: white;" type="button" value="VIEW ALTERNATIVES"/>		



# UnitedHealthcare – Pharmacy website overview

1. Go to [www.myuhc.com](http://www.myuhc.com) and click “Pharmacy Information”



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

[Print](#) [Close](#)

## 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](http://myuhc.com) to find pharmacy information specific to your benefit plan. Whether you are a UnitedHealthcare member or pre-enrollee 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-enrollee, 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 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 will 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](http://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!"

The screenshot shows the myuhc.com website interface. At the top left is the myuhc.com logo, and at the top right is the UnitedHealthcare logo. Below the logos are navigation links: Site Demo, Contact Us, Feedback, Login, and En Español. The main content area features a 'Your money. Your health.' banner with a 'Your Quick Estimate' tool. The tool displays a 'Local market average' of \$449, 'You pay' \$389, and a 'Personalize Your Estimate' button. A 'First Time Visitor?' box is highlighted with a red border, containing the text 'Find out what you're missing! We offer personalized benefit information, claims information and more!' and a link to 'Take Tour of the Site!'. On the right side, there are sections for 'Links and Tools' (Find Physician, Laboratory or Facility, Pharmacy Information, Find a Form, Find Mental Health Clinician, Estimate Health Plan Costs) and 'Common Questions' (What browsers are supported?, What are the benefits of registering and having a username and password?, How do I register?, Do I need to re-register if my group number changes?, What if I don't have my...).

## UHC – Mandatory Mail Service Program

Effective July 1<sup>st</sup>, 2014, UHC will be implementing a new mandatory mail service program for Illinois (2-99) employer groups. The Member Select<sup>SM</sup> 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](#) 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

Medicine name	Three Tier Open	Prece-rtification	Quantity Limits	Step-Therapy
<b>Sedative/Hypnotics – Nonbarbiturates</b>				
AMBIEN	3		✓	✓



April 2014 Standard Drug Formulary

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
zolpidem (Ambien – brand is NF)			•	



The information provided in this document is based on the information available as of the revision date of this document, and is not intended to be legal or tax advice.





# Your 2014 Four-Tier Prescription Drug List

Drug Name	Drug Tier	Requirements & Limits
<b>Central Nervous System: Sedatives/Hypnotics</b>		
<b>Ambien CR</b>	4	E, SL, ST

**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

