



## THE HIP PHARMACY PROGRAM

LEARN HOW THE PROGRAM WORKS

New Yorkers know how to live.  
We know how to keep them covered.

**HIP**<sup>®</sup>  
an EmblemHealth company





# HIP PHARMACY SERVICES PROGRAM

Learn How The Program Works

Welcome to HIP's Pharmacy Services Program. At HIP, we are committed to providing you with access to quality health care, including prescription drug coverage. HIP works closely with doctors, pharmacists and other health care providers to offer a wide range of prescription drug benefits.

The program is only available to you if your HIP health plan includes prescription drug coverage. Check your Certificate of Coverage or prescription drug rider for coverage details.

Keep this brochure handy for information about your prescription drug benefits and how your plan works. It also includes some helpful definitions.

## How To Fill Your Prescriptions At A Network Pharmacy

You can fill your prescriptions in two ways:

### Retail Pharmacy

You have access to over 40,000 network pharmacies nationwide and more than 7,000 in the tri-state area. HIP's retail pharmacy network includes all major chains (for example, CVS, Duane Reade, Rite Aid, Walgreens, Wal-Mart) as well as many local drug stores. Retail pharmacies can be used to get both short-term and long-term prescriptions. However, retail pharmacies are usually used to get short-term prescription drugs to treat short-term conditions. A typical short-term prescription supply is 30 days or less.



Retail pharmacies can also be used to get maintenance drugs, which are used to treat long-term conditions. A typical maintenance drug supply is greater than 30 days but no more than 90 days. There is no reduction in copayment when using a retail pharmacy to get a maintenance supply of medication. However, if you fill your maintenance medicine through the home delivery pharmacy, your copay may be reduced up to 50 percent. Please refer to the "Example of Copayment Pricing, Retail vs. Home Delivery Pharmacy" on the following page.

If you use an out-of-network pharmacy outside of HIP's service area because of an emergency, please keep your receipt(s) and mail them to us with a filled-out prescription claim form. You will be reimbursed the amount that HIP would have paid one of its network pharmacies.

## Home Delivery Of Prescriptions



You may also use HIP's home delivery program which is offered through Medco Health Solutions (Medco®). Medco provides the convenience of home delivery which may lower your copays by up to 50 percent. HIP's home delivery program is usually used to get maintenance drugs. A typical maintenance supply is greater than 30 but no more than 90 days.

Please refer to your Certificate of Coverage or prescription drug rider for specific details on your retail and home delivery copayments, coinsurance and deductible.

### Example of Copayment Pricing, Retail Vs. Home Delivery Pharmacy:

PHARMACY TYPE	1st Tier Preferred Copay	2nd Tier Preferred Copay	3rd Tier Non-Preferred Copay*
RETAIL	\$5.00	\$25.00	\$50.00
MAIL ORDER	>\$2.50	>\$12.50	\$50.00

Depending on your prescription drug benefit, your copay may vary from the home delivery copays shown above.

\*Please note that there is no copayment reduction for 3rd Tier drugs when using home delivery.

## Filling Your Prescriptions At A Retail Pharmacy



You can fill your prescription by visiting any one of our network retail pharmacies. When filling a prescription, remember to show your HIP ID card.

If you use an out-of-network pharmacy outside of HIP's service area (or use an out-of-network pharmacy because of an emergency), please keep your receipt(s) and mail them to HIP with a filled-out prescription claim form. HIP will reimburse you for the amount that it would have paid one of its network pharmacies.

There are two ways to get help locating a network pharmacy:

Use our Web site to find a pharmacy.

To find a network pharmacy, go to [www.hipusa.com](http://www.hipusa.com)®:

- Click on Pharmacy Services.
- Click on Pharmacy Locator.
- Enter Information (Pharmacy, State, ZIP code).
- Submit Information.

Call HIP Member Services at **1-800-HIP-TALK** (1-800-447-8255) to locate a pharmacy or request a prescription reimbursement form.

## Filling Your Prescriptions Through HIP's Home Delivery Program

HIP uses Medco, one of the nation's leading mail-order companies, to provide home delivery services. Home delivery is convenient and, depending on your benefit, may lower your prescription copayment by up to 50 percent.

Delivery usually takes from 7 to 11 business days. For new drug orders, fill out the Medco order form and mail it in the envelope provided. If your doctors need information about faxing your drug order to Medco, they can call **1-888-327-9791**.

If you need to start taking your medicine right away, ask your doctor to write two prescriptions. Fill one prescription right away at your local network pharmacy. Mail the second prescription and home delivery order form to Medco. Please make sure to allow enough time for processing before your first prescription runs out.

### Home Delivery Program Refills

Ordering prescription refills is easy. You can choose to do this online, by phone or by mail:

#### Ordering Refills Online

Logon to HIP's Web site at **www.hipusa.com** and click on Pharmacy Services. Then, select "To find out about HIP's online and mail order pharmacy program, click here."

OR

Logon to Medco's secure Web site at **www.medco.com**. Once you are signed up, you will have access to a list of your available prescription refills, as well as your prescription history. From the order center, check the box next to the items you want to reorder and follow the on-screen prompts to finish your request.



- **Ordering Refills By Phone**

Call **1-800-4REFILL** (1-800-473-3455) to use the automated refill system.

- **Ordering Refills By Mail**

Use the refill order form that comes with your mailed order. Mail it with your copayment to Medco in the envelope provided.

### Why Use HIP's Home Delivery Program?

HIP's Home Delivery Program offers the following advantages:

- Convenient delivery to your home in non-descript packaging.
- Up to 90 days of medicine.
- Up to a 50 percent reduction in copay.
- Free standard shipping on every order.
- Fewer trips to your local pharmacy.
- Toll-free access to pharmacists, 24 hours a day, 7 days a week, at **1-800-457-1020** (Medicare members call **1-800-820-9726**).

## Your Drug Formulary



A drug formulary is a list of drugs covered by your prescription plan. The list is created by doctors, pharmacists and other health care professionals who determine which medicines are safest and most effective. The drug list contains a range of generic and brand-name drugs approved by the U.S. Food and Drug Administration (FDA). If a drug is not on the list, it may have one or more FDA-approved alternatives. Drugs are placed on the HIP formulary in a tiered format, with different levels of member out-of-pocket costs (copay and/or coinsurance) associated with each tier.

### How The Drug Formulary Tiered Benefit Works

HIP provides employers with the choice of selecting drug programs with either one-, two- or three-tiered drug formulary benefits. Formulary drugs are classified as either preferred or non-preferred.

One and Two Tier benefits provide coverage for preferred drugs only. Three Tier benefits provide coverage for both preferred and non-preferred drugs. Each tier represents a different level of coverage.

- **Tier One:** Generic drugs, which have the lowest copayment or coinsurance. Tier One drugs are considered preferred drugs.
- **Tier Two:** Preferred brand-name drugs, which have a higher copayment or coinsurance than generic drugs. This copay is more than Tier One drugs and less than Tier Three drug copayments/coinsurances. Tier Two drugs are considered preferred drugs.
- **Tier Three:** Non-preferred drugs (both brand and generic), which may have a similar generic or preferred brand-name drug. You will usually need to pay the highest copay/coinsurance.

### Tiered-Benefit Structure Chart

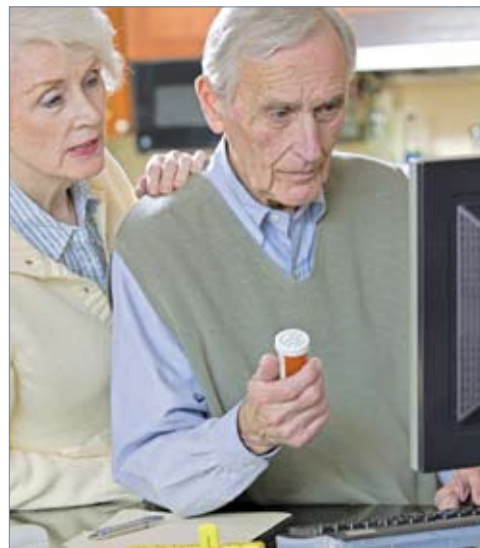
The chart below illustrates the differences among one-tiered, two-tiered and three-tiered benefits.

TIERED-BENEFIT COVERAGE	TYPES OF DRUGS COVERED	NON-PREFERRED DRUGS	COST TO YOU
Tier One Coverage (One copayment)	Preferred generic drugs only.	Not covered.	Usually, one copay for generic drugs only. Example: \$5 copay – preferred generic drugs only.
Tier Two Coverage (Two copayments)	Preferred generic and brand-name drugs.	Not covered unless your doctor obtains a Physician's Prior Approval (PPA) by calling HIP Pharmacy Services Clinical Department.	Usually, one copay for generic drugs and a second higher copay for brand name drugs. Example: \$5 preferred generic copay; \$10 preferred brand copay.
Tier Three Coverage (Three copayments)	Non-preferred brand-name drugs.	Covered. No Physician's Prior Approval required for non-preferred drugs.	Usually, one copay for generic drugs and a second (higher) copay for brand name drugs, and a third—usually the highest—copay for non-preferred drugs. Example: \$5 for preferred-generic copay; \$10 preferred-brand copay; \$45 non-preferred brand and generic drugs. Please note that if using mail-order, there is no reduction in your copayment on Tier Three, non-preferred drugs.

## Use Hipusa.com For Pharmacy Program Services

Our Web site, [www.hipusa.com](http://www.hipusa.com), gives you instant access to your personal prescription drug program benefits, plus helpful tools and information. For the most up-to-date information on the HIP drug formulary, Logon to the pharmacy section of [www.hipusa.com](http://www.hipusa.com) with your user name and password.

- Click on Pharmacy Services.
- Click on Drug Formulary.
- Click on Search as a Member. You will be prompted to enter your member ID to allow you to search your member-specific drug formulary.
- Click on Drug Lookup. You can then search the formulary online by drug name, drug type, or by a specific disease/condition.



The Drug Lookup link also gives you access to information on medication options, drug fact sheets with drug images and the prescription drug cost estimator. Other helpful sections of [www.hipusa.com](http://www.hipusa.com) for the Pharmacy Services Program include:

- **Pharmacy Locator.** Search for a network pharmacy by name, state and/or ZIP code with MapQuest.
- **Refill Reminder.** Receive an electronic refill reminder for maintenance medications.
- **Forms.** View and print pharmacy forms, including:
  - Mail-order and health, allergy and medication forms.
  - Prescription drug claim reimbursement forms.
- **Quantity Limitations List.** View a list of drugs that have limitations on the amount that can be covered at one time. (The most current list of quantity limitations can be accessed via HIP's Web site at [www.hipusa.com](http://www.hipusa.com).)
- **Prior Approval List.** A list of drugs that require prior authorization. (The most current list of drugs requiring a prior approval can be accessed via HIP's Web site at [www.hipusa.com](http://www.hipusa.com).)
- **Maintenance Drug List.** View a list of drugs that can be obtained in quantities greater than 30 days but no greater than 90 days. The drugs on this list are used to treat chronic, often life-long conditions, such as diabetes or hypertension.
- **Prescription Program Policies.** View the most current program policies.
- **Home Delivery.** Check on the status of current orders or place a refill order.

## Specialty Injectable Pharmacy Program



HIP works with ICORE Pharmacy Services, a leading specialty pharmacy, to provide specialty drugs to both members and physicians. Specialty pharmacy drugs are usually given by injection, taken by mouth or inhaled through the nose. These drugs are more complicated to administer, usually entail frequent dosage adjustments, have special storage and/or handling instructions, require you to get periodic lab or diagnostic testing and sometimes have very serious side effects. Additional vendors may be used for limited distribution of specialty drugs that are not available

from ICORE. To find out about limited distribution of specialty drugs, please contact HIP's Specialty Pharmacy Program at **1-888-447-0295**.

### Self-Administered Specialty Drugs

All members must use ICORE for self-administered specialty drugs. This means that members cannot use retail or home delivery pharmacies.

Self-administered specialty pharmacy drugs include the following general types of drugs:

- Hepatitis C agents.
- Multiple Sclerosis agents.
- Rheumatoid Arthritis agents.
- Plaque Psoriasis agents.
- Infertility agents.
- Growth hormones.
- Injectable contraceptives, Progestin.
- HIV Fusion Inhibitors.
- Calcium Regulators.
- Oral Chemotherapy.

Some injectables may be covered as either a pharmacy or a medical benefit. These injectables have been approved by the Food and Drug Administration (FDA) for several conditions. Therefore, the way they are covered depends on several possible factors: diagnosis, specific drug formulations and where and how you take the drug.

Controlled substances, including testosterone, may not be obtained through HIP's Specialty Program as a medical benefit. However, doctors may request to be reimbursed for the cost of the drug if it is administered to the patient in the doctor's office. If you have questions about limited distribution drugs, coverage type or any specialty medications, please contact HIP's Specialty Pharmacy Program at **1-888-447-0295**.

## Some Helpful Definitions

The following definitions may help you better understand your drug coverage.

### Brand-Name Drug

A brand-name drug is the first version of a particular drug marketed by a specific drug company. For most benefit plans, brand-name drugs have a higher copayment or coinsurance than generic drugs.

### Copayment/Coinsurance

This is the predetermined dollar amount or percentage you will have to pay for your prescription drug benefit. As mentioned, your prescription drug benefit is tiered and has a specific copay/coinsurance assigned to each tier. Your copayment/coinsurance is based on the tier in which the drug is listed.

### Deductible

The amount an individual/family must pay for prescription drug expenses before the benefit plan begins to pay its share of the costs.

### Drug Formulary

A list of preferred brand-name and generic drugs covered under HIP's prescription drug benefit.

### Generic Drug

When the patent on a specific brand-name drug ends, a generic version can be marketed with the approval of the Food and Drug Administration (FDA). Generic drugs usually cost less and have the lowest or no out-of-pocket costs. The FDA regulates generic drugs with the same strict standards used for brand-name drugs. Generic drugs have different ratings. A-rated generics are considered as safe and effective as their brand-name counterparts. HIP's formulary only has A-rated generic drugs.

### Maintenance Drug

These drugs are used in the treatment of chronic conditions such as diabetes or asthma. Members on a HIP-approved maintenance medication typically receive up to a 90-day supply. Many drugs, although they may be used to treat chronic conditions, are not covered as maintenance medications because of patient safety concerns and the need for constant physician supervision. You may access HIP's Maintenance Drug List at [www.hipusa.com](http://www.hipusa.com) by clicking on Pharmacy Services and then double-clicking on HIP Health Plan of New York Maintenance Drugs under Pharmacy Appendices.

### Non-Preferred Drug

Coverage depends on your prescription benefit:

- **Tier Two:** These drugs may not be covered without a PPA (see Prior Approval). Member cost-sharing is 100 percent without a PPA.
- **Tier Three:** Usually have the highest member copay/coinsurance.

### Preferred Brand-Name Drug

Brand name medications that are listed on the drug formulary. Depending on your prescription benefit, the costs of these drugs are covered in full, minus any applicable copayments, coinsurance and/or deductible.

### Prior Approval

The process of getting approval before a specific drug or supply can be covered. Your doctor must contact HIP's Clinical Pharmacy Department to get approval before he/she can prescribe certain medications that are not on the drug formulary or that require prior approval. Without a Physician's Prior Approval (PPA), certain medications will not be covered. A PPA is usually effective for the life of the prescription (original plus 11 refills or 12 months) or duration of therapy.

### Quantity Limitations

Some medications have limitations on the quantity that can be covered at one time. These limitations are used to guard against abuse and inappropriate use. If a doctor wants to prescribe a dosage greater than the limitation, the prior approval process previously described must be followed.

### Step Therapy

Covered drugs are organized in a series of steps called Step Therapy. Step Therapy is a program that requires that you take a Tier One (a first-line or generic drug) before your benefits will cover a prescribed Tier Two drug. Your doctor must contact HIP's Pharmacy Services Clinical Department to get approval before he/she can prescribe certain medications that require Step Therapy approval. Without a Physician's Prior Approval (PPA), certain medications will not be covered.

## Some Helpful Policy Information

The following policy information may help you better understand your drug coverage.

### Lost or Stolen Medications

HIP does not provide coverage for lost or stolen medications. You will be responsible for the full cost of any lost or stolen medication until the next available refill.

## Emergency Prescriptions

If you use an out-of-network pharmacy, you are responsible for the full cost of the prescription at the time of the purchase. If, however, there was a medical emergency and you paid for the prescription, send the receipt to us with a completed prescription drug reimbursement claim form.

## Vacation Supply

HIP does not provide coverage for vacation supplies of medications. If you will be away from your “home” pharmacy and need a prescription refill, you can transfer your prescription to any one of HIP’s 40,000 pharmacies (see “Prescription Transfers”) or use HIP’s Home Delivery Pharmacy Program.

## Prescription Transfers

If you need to refill a medication that was previously filled at another pharmacy, bring your prescription drug container to any of our nationwide network pharmacies. The container should have all the information the pharmacist needs to transfer a refill from the original pharmacy. If a refill is available, the pharmacist can complete the transfer with one telephone call. Please note that only one refill will be transferred and not the entire prescription. All state, federal and plan limitations will still apply, including the number of refills allowed and any early refill limitations. New York State law prohibits the transfer of controlled substances.

## Generic Dispensing

As per New York State law, if a doctor writes a prescription for a brand-name drug and does not complete the “Dispense As Written” (DAW) box on the prescription, the pharmacy must dispense the generic version of the drug if a generic drug is available.

## Tier Change

HIP periodically reviews entire therapeutic classes of drugs to promote the safest, most effective and least expensive drugs in a particular class. These reviews may result in a drug’s tier change, which will also impact the corresponding copay/coinsurance. You can find out about these changes by visiting [www.hipusa.com](http://www.hipusa.com) or reading about the changes in HIP’s quarterly member newsletter.

## Copay/Coinsurance Change

There are a number of reasons why your copay/coinsurance may change:

Your employer may review and select your health benefit options on an annual basis. If you or your employer made changes to the benefit, prescription coverage may also have changed.

Prescription drug tier may change.

Your doctor may write a prescription for a brand-name drug vs. generic or generic drug vs. brand name. Or, your doctor may write a prescription for a larger than usual supply of a particular drug (for example, 90 vs. 60).

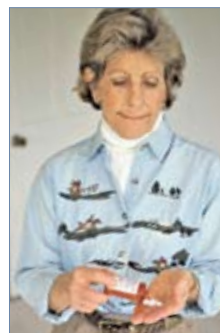
## Prescription Duration Limit

HIP covers prescriptions for a total of 12 fills, the original fill plus 11 refills or 12 months, whichever expires first. Please note that there are exceptions to this refill policy. For example, controlled substances are only valid for 1 fill.

## If You Have Questions

Whenever you have questions or need help, HIP provides easy access to Customer Service:

- Logon to [www.hipusa.com](http://www.hipusa.com), 24/7. You’ll find much of the information you need.
- Call HIP Customer Service toll-free at **1-800-HIP-TALK** (1-800-447-8255), Monday through Friday, 8 am to 6 pm. (If you use a telephone device for the hearing- or speech-impaired, call **1-888-447-4833**, Monday through Friday, 8:30 am to 5 pm). Customer Service Representatives can help you understand your pharmacy benefits and the retail and home delivery pharmacy program. You can also request home delivery enrollment packets and claims forms and get help locating a network pharmacy.
- For mail-order prescription issues, call Medco at **1-800-457-1020**. Representatives are available 24/7 to assist you.



## Important Telephone Numbers

HIP Customer Service	<b>1-800-447-8255</b>
HIP Specialty Pharmacy Services	<b>1-888-447-0295</b>
Medco Member Services	<b>1-800-457-1020</b>
Medco Refill Services	<b>1-800-473-3455</b>
Medco Provider Fax Information	<b>1-888-327-9791</b>
ICORE Pharmacy Services	<b>1-866-554-2673</b>





55 WATER STREET  
NEW YORK, NY 10041

**hipusa.com**<sup>®</sup>  
English, Spanish, Chinese and Korean

HIP Health Plan of New York (HIP) is an EmblemHealth company.

10-6768 11/10