

Express Scripts Prescription Drug Plan (Active Employees and Non-Medicare Retirees) Frequently Asked Questions

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Complete Express Scripts Prescription Drug Plan information can be found on the Statewide Benefits Office website at, de.gov/statewidebenefits.

GENERAL INFORMATION

1. *What is the State of Delaware's prescription drug plan for Active Employees and non-Medicare retirees?*

The prescription drug plan administered by Express Scripts.

2. *How do I enroll in the Express Scripts prescription drug plan?*

When you enroll in a State of Delaware health care plan, you are automatically enrolled in the prescription drug plan managed by Express Scripts.

Note: The Spousal Coordination of Benefits (SCOB) policy applies to prescription drug coverage. The complete Spousal COB Policy can be found at, de.gov/statewidebenefits. Contact the Statewide Benefits Office toll-free at 1-800-489-8933 for more information.

USING THE EXPRESS SCRIPTS DRUG PLAN

3. *What are the copays for my medications under this plan?*

The copays for the new plan year 2020-2021 remain at \$8.00 and \$16.00 for generics; \$28.00 and \$56.00 for preferred brands, and \$50.00 and \$100.00 for non-preferred brands. Refer to the prescription copay rates available online from the State of Delaware Benefits Office website at, de.gov/statewidebenefits. Select your group, then the "Express Scripts Prescription Plan" tile, under I WANT TO, select "Review Copays". You may call Express Scripts Customer Care at 1-800-939-2142, should you require further assistance.

4. *How and/or where can I receive my medications?*

Participating Retail Pharmacy

You may have your prescriptions filled at any retail pharmacy that participates in the Express Scripts network. There are network pharmacies in all 50 states. If the pharmacy is also a 90-day participating pharmacy, you may fill maintenance or other prescriptions for up to a 90-day supply. If the pharmacy is not a 90-day participating pharmacy, you can fill prescriptions for up to a 60-day supply.

Cost Savings With 90-Day Prescriptions: You'll pay only 2 times your 30-day retail co-payment if you order up to a 90-day supply of covered medication at a 90-day participating pharmacy or through Express Scripts mail order service.

Home Delivery through the Express Scripts Pharmacy

To have a new prescription filled through the Express Scripts Pharmacy:

- You may mail the prescription, a completed mail-order form, and payment to Express Scripts Pharmacy, OR ask your doctor to fax the prescription to Express Scripts Pharmacy by calling 1-888-327-9791 for instructions. (Only your doctor can fax prescriptions.)
- Standard shipping is **free**
- Refills may be ordered online at: www.express-scripts.com.

For more information, call Express Scripts Member Services at 1-800-939-2142.

Specialty Pharmacy

Some health conditions require medications that are classified as "specialty medications" and are provided through Accredo and Biotek Remedys Specialty Pharmacy. For example, medications used to treat some forms of cancer, multiple sclerosis (MS), hepatitis C, and rheumatoid arthritis are classified and administered as specialty medications.

You may receive your first 30-day fill of a new specialty medication through a retail pharmacy. Thereafter subsequent refills of the same medication **MUST** be filled through the Express Scripts Specialty Pharmacy provided by Accredo or Biotek Remedys. The specialty pharmacy staff from Accredo or Biotek Remedys will reach out to you and your physician so to work together in managing your prescription needs.

- Accredo's dedicated customer service number is 1-800-803-2523.
- Biotek Remedys is located in New Castle, Delaware and their customer service number is 1-877-246-9104.

5. How do I know if my medication is covered?

The Express Scripts National Preferred Formulary is a list of FDA approved generic and brand drugs that are covered under the Express Scripts prescription drug plan. A List of Drugs Covered and Not Covered is available at

<https://dhr.delaware.gov/benefits/prescription/formulary.shtml>. This document has three sections: Prescription drugs covered by Express Scripts (Formulary), Prescription drugs NOT covered by Express Scripts (Formulary Exclusions), and medications not covered under the State of Delaware Prescription plan (Plan Level Exclusions).

You can contact Express Scripts to find out if your medication is covered. You can also register your account on the Express Scripts website at, www.express-scripts.com. From there you can check your drug coverage from the drug coverage tool.

6. Does the Express Scripts list of covered drugs change?

Yes, the list of covered medications (known as the Express Scripts National Preferred Formulary) may change periodically. Express Scripts reviews and updates the plan's list of covered medications each year, to ensure that the plan is providing the most effective medications for members at the most reasonable cost.

7. What if my doctor prescribes a medication that is not on the list of covered drugs?

Your prescribing doctor may contact the Express Scripts Coverage Review Prior Authorization Department toll free at 1-800-753-2851, to review the supporting documentation. Express Scripts will be able to tell you if your medication requires a Prior Authorization. Prior authorization is a program that monitors certain prescription drugs and their costs to get you the medication you require while monitoring your safety and reducing costs. If you do not obtain a prior authorization, the drugs may not be covered.

- The coverage review prior authorization process normally takes two business days to complete upon receipt of all the necessary information from your prescribing doctor.
- Upon completion of the coverage review, Express Scripts will send you and your prescribing doctor a letter confirming whether the prior authorization was approved or denied.
- ***If the prior authorization is approved***, an approval timeframe is given for each medication depending on the medication. An approval letter will be mailed to you. This letter will reference the date the prior authorization is approved and the date the prior authorization will expire. Once that approval expires, you will need to initiate the coverage review process again.
- ***If the prior authorization is denied***, you and your prescribing doctor will receive a letter explaining the details of the denial and information with your rights to submit a First-Level Standard Appeal.

Information that defines each level of the appeals process is available online from the State of Delaware Benefits Office website at de.gov/statewidebenefits Select your group, then choose the "Prescription Plan" tile, under "I WANT TO...", select "Appeal a Denied Claim", select "Express Scripts non-Medicare Prescription Appeal Process".

8. Are Erectile Dysfunction medications, (examples; Viagra, Cialis etc.) covered under the State's Express Scripts Prescription Drug Plan?

No, Erectile Dysfunction Medications used to treat Erectile Dysfunction (ED) are not covered under the Express Scripts prescription drug plan, unless these medications are determined through a **coverage review** to be medically necessary to treat another FDA approved condition (not ED). Erectile Dysfunction medications can be obtained at the pharmacy with a prescription, paying 100% of the Express Scripts discounted price.

9. I take a brand name drug because I cannot take the generic equivalent. Do I need to get a prior authorization to fill the brand?

No, the Express Scripts **Choice Program - Generic vs. Brand Medications** allows you to purchase a brand medication when a generic equivalent is available; however, you will pay the generic copay plus the cost difference between the generic and the brand medication.

If there is a medical reason why you cannot take the generic equivalent, you, your doctor or your pharmacist may initiate a coverage review to allow you to obtain the brand name drug at the non-preferred copay. These authorizations are effective for a one-year period and must be submitted for renewal annually.

10. What is Step Therapy?

Step therapy is a program for members who take prescription drugs regularly to treat a medical condition, such as arthritis, asthma or high blood pressure. Certain medications may not be

covered unless you have first tried another medication or therapy. The first step are generic and lower cost brand drugs proven to be safe, effective and affordable. To obtain the preferred alternative medication, contact Express Scripts Customer Service at 1-800-939-2142. If the preferred alternative medication does not show in your prescription history with Express Scripts, then your doctor will need to provide additional information before coverage can be authorized.

11. Are preventative medications covered at NO COST under the Express Scripts prescription drug plan?

Yes. In accordance with the Patient Protection and Affordable Care Act (ACA), members enrolled in a Highmark Delaware or Aetna non-Medicare health plan may receive preventive medications at **no cost**. You **MUST** present a doctor's prescription for the medication to a participating Express Scripts pharmacy, even if the medication is available over the counter (OTC). The limitations and restrictions that apply to these medications is available on the Statewide Benefits Office website.

The preventive medications covered under the Express Scripts prescription drug plan include:

- Aspirin
- Oral Fluoride
- Folic Acid
- Immunizations/Vaccines
- Smoking Cessation
- Bowel Preps
- Women's Contraceptives
- Breast Cancer Screening/Detection

12. Where can I obtain my diabetic supplies at no cost? How can I save when filling more than one diabetic medication at the pharmacy?

The Diabetic program provides cost savings to members taking prescribed diabetic medications regularly as recommended by the doctor to maintain good health. Under the State of Delaware Express Scripts Prescription Drug Plan, diabetic supplies and medications are covered as follows:

Diabetic supplies (lancets, test strips, syringes/needles) are provided at no costs (\$0 copay) when the prescription is filled at a retail participating pharmacy or the Express Scripts Home Delivery (mail order). Supplies do not need to be ordered at the same time as medications to take advantage of the \$0 copay.

Multiple diabetic medications may be obtained for just *one copay* when the prescriptions are filled at the same time at a 90-day participating pharmacy or the Express Scripts Pharmacy (mail order). For more information about the Diabetic Program, visit the Statewide Benefits Office website at, de.gov/statewidebenefits.

Please note; Diabetic medications are maintenance medications and must be filled in accordance with the Maintenance Medication Program. These medications must be filled as 90-day prescriptions to avoid a penalty copay after receiving three 30-day prescriptions. Additional information is available on the Statewide Benefits Office website at <https://dhr.delaware.gov/benefits/prescription/diabetic.shtml>.

13. How can I save on the costs of maintenance medications the doctor prescribes to treat chronic conditions; such as diabetes, high blood pressure (hypertension), high cholesterol, and asthma?

The Maintenance Medication program provides cost savings to members and the State of Delaware. Under this program, members fill 90-day prescriptions for maintenance medications for reduced copays and are charged a copay penalty if they continue to fill maintenance

prescriptions every 30 days. All 90-day prescriptions for non-specialty maintenance medications can be filled at any participating retail pharmacy or through Express Scripts Home Delivery.

Members may continue to have their treating physician write a 30-day prescription and a 90-day prescription, fill the 30-day prescription first to ensure its effectiveness; and then have the 90-day prescription filled. **The penalty does not occur until a 30-day prescription is filled the fourth time.**

Questions may be directed to Express Scripts Member Services at 1-800-939-2142 or the Statewide Benefits Office at 1-800-489-8933.

14. Are Compound Medications covered under the Express Scripts Prescription Drug Plan?

Compound medications covered under your prescription plan are created to fit unique member needs by combining or processing appropriate ingredients as prescribed by a physician. For example, the form of a medication may be changed from a solid pill to a liquid, or the medication may be customized to avoid a non-essential ingredient that you may be allergic to.

- The copay for all compound medications is the preferred brand copay of \$28 for a 30-day supply; \$56 for a 90-day supply.
- The ingredients that (1) are not approved by the FDA for use in compounds, or (2) have experienced significant unjustified cost increases, are not covered under your plan. For more information contact Express Scripts Member Services: 1-800-939-2142.
 - If your compound medication includes a non-covered ingredient, your doctor can write a new prescription using only covered ingredients.
 - If there is a medical reason that you must take a non-covered medication, your doctor can file an appeal with a letter of medical necessity. The Express Scripts Appeal Process can be found on the Statewide Benefits Office website, under *Appeal Process*.
- Filling a compound prescription:
 - Some compound medications can be filled at a participating retail pharmacy.
 - Express Scripts Home Delivery (mail order pharmacy) ***does not*** fill prescriptions for compound medications.

15. How do I request reimbursement from Express Scripts for what I paid out-of-pocket for a prescription drug at a participating retail pharmacy?

Claim requests for reimbursement may be obtained for members and/or spouses with primary or secondary prescription coverage under the State of Delaware, by submitting a Coordination of Benefits/Direct Claim Form with receipts, to Express Scripts. The claim form contains instructions and can be printed from the Statewide Benefits Office website at: de.gov/statewidebenefits. Select your group, and then choose "Prescription Plan" tile, under **FORMS**.

New - you may also submit your Reimbursement Claim online. Refer to the member guide titled "Submit Reimbursement Claim Online" for more details at: de.gov/statewidebenefits. Select your group, then choose the "Prescription Plan" tile, under INFORMATION.

16. What if I do not have a prescription ID card?

You can order an ID card by contacting Express Scripts at 1-800-939-2142. You can also print a temporary identification card from the Express Scripts website, www.express-scripts.com or download the Express Scripts mobile app free to your mobile device and register your account. It is important to remember to use your Express Scripts plan ID card at the pharmacy rather than your medical plan's insurance card.

17. Where can I find information to learn more about my prescription drug benefits?

Express Scripts digital member user guides and video provide useful information to help you manage and learn more about your prescription drug benefits. The member guides and video are located on the Statewide Benefits Office website at, de.gov/statewidebenefits. Select your group, and then choose the "Prescription Plan" tile, under INFORMATION. Here you will find:

- Member Guides
- Member Experience (Video)

Contacts: **Express Scripts Member Services: 1-800-939-2142**
Statewide Benefits Office: 1-800-489-8933
State Pension Office - State Non-Medicare retirees: 1-800-722-7300