

EXHIBIT 2



**Department of
Civil Service**

Prescription Drug Benefit Form “Health Maintenance Organizations Specifications for the NYSHIP”

Offeror Name: _____

INSTRUCTIONS: Complete the following charts and answer the following questions as applicable to the prescription drug programs proposed for NYSHIP using the definitions on the final pages of this Attachment.

| Commercial Formulary (<i>indicate using X in appropriate category</i>) | | | | | | | |
|--|------------------------------------|-----------------------------|----------------------------------|---------------------------------|----------------------------|--------------------------------------|-------------------------|
| Type of Formulary Offered (Indicate only one) | | | | | | | |
| Open ⁽¹⁾ | Incented ⁽²⁾ | | | Closed ⁽³⁾ | | | |
| | | | | | | | |
| Copayments for 30-day supply and 31to 90-day supply | | | | | | | |
| If not available at specific pharmacy type put a “N/A” in appropriate box | Retail Acute | Retail Maintenance | Mail Order | Specialty Pharmacy | | | |
| 30-Day Supply | | | | | | | |
| Generic | | | | | | | |
| Preferred Brand | | | | | | | |
| Non-Preferred | | | | | | | |
| Specialty | | | | | | | |
| 31 to 90-Day Supply | | | | | | | |
| Generic | | | | | | | |
| Preferred Brand | | | | | | | |
| Non-Preferred | | | | | | | |
| Specialty | | | | | | | |
| Cost Containment/Care Management Strategies (<i>indicate using X in appropriate category</i>) | | | | | | | |
| Mandatory Generic Requirement ⁽¹⁾ | Prior Authorization ⁽²⁾ | Step Therapy ⁽³⁾ | Dose Optimization ⁽⁴⁾ | Half Tab Program ⁽⁵⁾ | OTC Program ⁽⁶⁾ | Generic Trial Program ⁽⁷⁾ | Other (Please Describe) |
| | | | | | | | |

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| Medicare Part D Formulary (indicate using X in appropriate category) | | | | | | | |
|---|------------------------------------|-----------------------------|----------------------------------|---------------------------------|----------------------------|--------------------------------------|-------------------------|
| Type of Formulary Offered (Indicate only one) | | | | | | | |
| Open ⁽¹⁾ | | Incented ⁽²⁾ | | Closed ⁽³⁾ | | | |
| | | | | | | | |
| Copayments for 30-day supply and 31to 90-day supply | | | | | | | |
| If not available at specific pharmacy type put a “N/A” in appropriate box | Retail Acute | Retail Maintenance | Mail Order | Specialty Pharmacy | | | |
| 30-Day Supply | | | | | | | |
| Generic | | | | | | | |
| Preferred Brand | | | | | | | |
| Non-Preferred | | | | | | | |
| Specialty | | | | | | | |
| 31to 90-Day Supply | | | | | | | |
| Generic | | | | | | | |
| Preferred Brand | | | | | | | |
| Non-Preferred | | | | | | | |
| Specialty | | | | | | | |
| Cost Containment/Care Management Strategies (indicate using X in appropriate category) | | | | | | | |
| Mandatory Generic Requirement ⁽¹⁾ | Prior Authorization ⁽²⁾ | Step Therapy ⁽³⁾ | Dose Optimization ⁽⁴⁾ | Half Tab Program ⁽⁵⁾ | OTC Program ⁽⁶⁾ | Generic Trial Program ⁽⁷⁾ | Other (Please Describe) |
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1. How often are changes typically made to your prescription drug formulary? Describe how formulary changes are communicated to HMO providers and Enrollees.
2. Are Members allowed to purchase a 90-day supply of maintenance medication at a participating retail pharmacy or only through mail order? If maintenance medications can be purchased at a retail pharmacy, state any supply limitations. In addition, describe the copayment structure applied to retail and/or mail order purchases for maintenance medications.
3. If HMO utilizes Mandatory Generic Requirement as a cost containment strategy, describe the generic appeals procedure, if one is available, and how generic appeals information is communicated to Enrollees.
4. Does HMO's prescription drug benefit have separate requirements or limitations for "specialty medications?" If so, define "specialty medications" and describe the process Members must use to obtain specialty medications, including whether specialty medications must be purchased through a designated Specialty Pharmacy, supply limitations or other restrictions. If specialty medications are required to be purchased through a designated Specialty Pharmacy, has the HMO implemented specialty prescription drug fulfillment hardship exception criteria?

**Definitions****Formulary:**

- (1) Open or Incented Formulary: The HMO provides coverage for all medications regardless of whether or not they are listed on the formulary. However, some drugs such as those for cosmetic use or over-the-counter drugs may be excluded from coverage. Members may incur additional out of pocket expenses for using non-formulary drugs.
- (2) Closed Formulary: Non-formulary drugs are not reimbursed by the HMO. Administrative procedures are used to allow reimbursement for and access to non-formulary medications where medically appropriate.

Cost Containment Features:

- (1) Mandatory Generic Requirement – When a generic drug is available, the HMO covers only the cost of the generic. If the member requests the brand name when a generic is available, an additional payment is required. This additional payment represents the cost difference between the generic and brand name.
- (2) Prior Authorization – HMO requires members to receive authorization or approval before benefits will be provided for the prescribed drug.
- (3) Step Therapy (and Fail First Requirements) – HMO requires members to try one or more "prerequisite therapy" drug(s) first before benefits will be provided for another drug.
- (4) Dose Optimization – HMO requires members to switch to a higher once-daily dose of a drug when they are taking multiple daily doses of a lower strength.
- (5) Half Tab Program – A voluntary half tablet/pill splitting program. By submitting a prescription for twice the dosage and half the quantity, with the physician's directions to take half a tablet at the regularly scheduled time, a member is eligible to receive the medication at half the cost of the regular copayment.
- (6) OTC Program – Members allowed to choose specified over-the-counter drugs identical to the prescription version at no cost or at the lowest copay amount.
- (7) Generic Trial Program – HMO covers the first 30-day fill of select generic drugs at no cost to the member.