



**THE  
EMPIRE  
PLAN**

# REPORTING ON

## Prescription Drugs

**NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP) for Empire Plan enrollees and their enrolled dependents, COBRA enrollees with their Empire Plan benefits and Young Adult Option enrollees**

The cost of prescription drugs is one of the fastest-growing components of health care costs in the United States and for The Empire Plan. Between 2005 and 2013, the average cost of a brand-name drug claim covered under The Empire Plan increased 164 percent, while the average cost of a generic drug claim increased 52 percent. During that same time period, the Plan's total cost per covered individual for prescription drug claims increased 50 percent from \$1,113 to \$1,674 (see chart below).

Your prescription drug benefit is designed to help The Empire Plan manage drug costs and establish copayment levels that are more in line with the relative cost of various drugs to the Plan. While copayments have sometimes increased, the Plan continues to pay most of the cost of covered prescription drugs.

To keep your out-of-pocket costs for prescription drugs as low as possible, let your doctor know that your copayments are lower when you use generic and/or preferred brand-name drugs (see page 2 for details).

The Empire Plan Prescription Drug Program provides access to participating pharmacies, a mail order pharmacy and nonparticipating pharmacies nationwide. A Specialty Pharmacy Program is also available.

CVS Caremark administers The Empire Plan Prescription Drug Program, which provides the retail pharmacy network, mail order pharmacy and specialty pharmacy services.

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<b>Empire Plan Prescription Drug Costs: 2005 vs. 2013*</b>			
	<b>2005</b>	<b>2013</b>	<b>% Change</b>
Average cost to Plan per brand-name drug claim	\$160.79	\$423.76	164%
Average cost to Plan per generic drug claim	\$24.15	\$36.73	52%
Average annual cost to Plan per covered individual	\$1,113	\$1,674	50%

\*Source: Employee Benefits Division, February 2014.



This issue of *Reporting On* is for information purposes only. Please see your doctor for diagnosis and treatment. Read your plan materials for complete information about coverage.

### Three Copayment Levels

The Empire Plan Prescription Drug Program has three levels of copayments. Your copayment amount depends on the drug, the quantity supplied and where the prescription is filled. A list of copayment amounts can be found in your *Empire Plan At A Glance* and *Empire Plan Reports and Certificate Amendments*.

### Level 1 Drugs

Level 1 drugs have the lowest copayment and include most generic drugs and certain brand-name drugs. Generic drugs have the same active ingredients, strength and dosage form (pill, liquid or injection) as their brand-name counterparts. The U.S. Food and Drug Administration (FDA) approves generic drugs for safety and effectiveness.

Other manufacturers can offer generic drug versions when the patent protecting a brand-name drug expires. Generic drugs are usually identified by chemical names. For example, omeprazole is the generic or chemical name for the brand-name drug Prilosec®.

Generic prescription drugs may look different in color or shape from their corresponding brand-name prescription drugs. And, when several different companies manufacture the same generic drug, the drug's appearance may differ from one manufacturer to another.

**Note:** If you and your doctor agree on a generic drug produced by a specific manufacturer to treat your condition, be sure to ask your doctor to write your prescription for that specific generic drug. If you have questions about generic drugs, ask your doctor or pharmacist.

### Level 2 and Level 3 Drugs

Brand-name drugs are given names by their manufacturers. The manufacturers' cost of research, development and marketing are often passed on to consumers in the form of higher-priced drugs.

- Level 2 drugs have a mid-range copayment and include preferred or compound drugs that have been selected because of their overall health care value.
- Level 3 drugs have the highest copayment and include nonpreferred drugs. In many cases, Level 3 drugs have a generic equivalent and/or one or more preferred alternatives.

Your copayment for a Level 1 drug is lower than for a Level 2 drug. Your copayment is highest for a Level 3 drug. The Empire Plan gives participating providers the Plan's prescription drug list and encourages them to prescribe Level 1 and Level 2 drugs when medically appropriate. Remind your health care provider that you have lower copayments for Level 1 and Level 2 drugs.

### What's New with The Empire Plan

To keep enrollees informed of any changes to their Empire Plan benefits, the Employee Benefits Division posts new information on the New York State Department of Civil Service web site at <https://www.cs.ny.gov>.

Select Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. Click on What's New? to find an overview of the most current Empire Plan topics.

Since you need to be aware of prescription drug benefit changes as soon as they occur, the web site is your most updated resource. For example, if a manufacturer takes a drug off the market or the FDA approves a new drug for treatment, this information will appear on the What's New? page. There are also links to up-to-date lists of drugs that require prior authorization, drugs that are part of the Specialty Pharmacy Program and drugs that are part of the Brand for Generic Program.

Be sure to check this page for any new information regarding The Empire Plan.

## MANDATORY GENERIC SUBSTITUTION

If your prescription is written for a covered brand-name drug that has a generic equivalent, mandatory generic substitution will apply unless the brand-name drug has been placed on Level 1. You will pay the Level 3 copayment plus the difference in cost between the brand-name and generic drug (ancillary charge), not to exceed the full cost of the drug.

If your doctor believes it is medically necessary for you to have a covered brand-name drug that has a generic equivalent, your doctor will indicate Dispense As Written (DAW) on the prescription. To appeal a generic substitution requirement, have your prescribing physician call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose the Prescription Drug Program.

If your appeal is granted, you can fill your prescription at a participating retail pharmacy or through the mail order pharmacy and pay only the applicable Level 3 copayment; the ancillary charge will not apply.

**Note:** You may not appeal the level of a drug or its applicable copayment or the exclusion of a drug under The Empire Plan Flexible Formulary.

Certain drugs are exempt from the generic substitution requirement. You are responsible for only the applicable Level 3 copayment; you do not pay the ancillary charge for these drugs.

See your *Empire Plan Reports* and *Certificate Amendments* for details about generic substitution appeals and for specific drugs exempt from generic substitution.

### Did You Know...

Generics are available for the following drugs:

- Atacand HCT<sup>®</sup> – a drug used to treat high blood pressure. The generic for Atacand HCT<sup>®</sup> is candesartan/hydrochlorothiazide.
- Cymbalta<sup>®</sup> – a drug used to treat depression, generalized anxiety disorder and certain types of pain. The generic for Cymbalta<sup>®</sup> is duloxetine.
- Diovan HCT<sup>®</sup> – a drug used to treat high blood pressure. The generic for Diovan HCT<sup>®</sup> is valsartan/hydrochlorothiazide.
- Lexapro<sup>®</sup> – a drug used for the treatment of depression and generalized anxiety disorder. The generic for Lexapro<sup>®</sup> is escitalopram.
- Plavix<sup>®</sup> – a drug that prevents blood clots after a recent heart attack or stroke. The generic for Plavix<sup>®</sup> is clopidogrel.
- Singulair<sup>®</sup> – a drug used for the treatment of asthma and allergic rhinitis. The generic for Singulair<sup>®</sup> is montelukast.

### Coming Soon...

The following drugs are expected to become available as a generic in 2014:

- Micardis<sup>®</sup> - A drug used to treat high blood pressure (hypertension) and help lower the risk of certain cardiovascular problems. The generic equivalent for Micardis<sup>®</sup> is telmisartan.
- Micardis HCT<sup>®</sup> - A drug similar to Micardis<sup>®</sup> in the treatment of high blood pressure (hypertension), with the addition of a diuretic (water pill). The generic equivalent for Micardis HCT<sup>®</sup> is telmisartan/hydrochlorothiazide.
- Copaxone<sup>®</sup> - A daily injection given to reduce the frequency of relapses in people with relapsing-remitting multiple sclerosis (RRMS). The generic equivalent for Copaxone<sup>®</sup> is glatiramer acetate.
- Lunesta<sup>®</sup> - A drug used to treat insomnia. The generic equivalent for Lunesta<sup>®</sup> is eszopiclone.
- Evista<sup>®</sup> - A drug for women used to treat osteoporosis and lower the risk for breast cancer. The generic equivalent for Evista<sup>®</sup> is raloxifene.
- Detrol LA<sup>®</sup> - A drug that treats symptoms of an overactive bladder. The generic equivalent for Detrol LA<sup>®</sup> is tolterodine extended release.

### The Flexible Formulary Drug List

The Empire Plan Prescription Drug Program uses a Flexible Formulary\* to provide enrollees and the Plan with the best value in prescription drug spending.

The Empire Plan Flexible Formulary uses a three-level copayment schedule to encourage enrollees to use covered generic and preferred brand-name drugs. Covered brand-name prescription drugs may be assigned to different copayment levels based on clinical judgment and value to the Plan.

All drugs included on the Flexible Formulary have been approved by the FDA. The list is developed by a committee of pharmacists and physicians and is subject to change in January of each year. The new list is posted online each year by December 1. A drug may be placed on a different level during the year when such changes are advantageous to The Empire Plan.

The most commonly prescribed covered generic and brand-name prescription drugs on the list can be found on the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. Select Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. Click on Using Your Benefits to find the Flexible Formulary.

The Flexible Formulary drug list will help you find out if your prescription is for a generic or a preferred drug. However, it is not a complete list of all prescription drugs covered

under The Empire Plan. Call the Plan toll free at 1-877-7-NYSHIP (1-877-769-7447), press 4 for the Prescription Drug Program.

### Exclusions

In some cases, drugs may be excluded from coverage if a therapeutic equivalent or over-the-counter drug is available. These exclusions cannot be appealed. Refer to the New York State Department of Civil Service web site at <https://www.cs.ny.gov> for a complete list of excluded drugs.

### Prior Authorization

Certain prescription drugs require prior authorization for coverage under The Empire Plan Prescription Drug Program. When one of these prescription drugs is prescribed for you, the Prescription Drug Program will require clinical information to determine coverage. If you are prescribed a prescription drug that requires prior authorization, have your physician contact The Empire Plan Prescription Drug Program to begin the authorization process. If a prescription drug you are taking changes to require prior authorization, you will receive a notice in advance of the effective date.

Refer to your *Empire Plan Certificate* for a list of drugs that require prior authorization. For the most recent list of Prior Authorization drugs, go to the New York State Department of Civil Service web site and follow the prompts to access NYSHIP Online. Click on Using Your Benefits and select Drugs that Require Prior Authorization.

### Brand for Generic

Under the Enhanced Empire Plan Flexible Formulary, the Brand for Generic feature saves you money on certain brand-name drugs that have a new generic equivalent available. When the generic version of a drug first becomes available, the cost to the Plan is often higher than the cost of the brand-name version. This feature allows The Empire Plan to place a brand-name drug on Level 1 (the lowest copayment level) and place the generic equivalent on Level 3 (the highest copayment level) or exclude it. These placements are for a limited time, typically six months, and may be revised during the year when such changes are advantageous to The Empire Plan.

When you go to the pharmacy to fill your prescription, a message will prompt the pharmacist to dispense the lower cost brand-name version at the Level 1 copayment instead of the Level 3 generic version with the higher copayment.

### For More Information

For more prescription drug information, visit the web site or call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447), press 4 for the Prescription Drug Program.

\* The Empire Plan Flexible Formulary does not apply to the Excelsior Plan.



## SPECIALTY PHARMACY PROGRAM

The Empire Plan Specialty Pharmacy Program offers enhanced services to individuals using specialty drugs.\* Most specialty drugs will only be covered when dispensed by The Empire Plan's designated specialty pharmacy, CVS Caremark Specialty Pharmacy. Prior authorization is required for some specialty drugs.

Specialty drugs are used to treat complex conditions and usually require special handling, special administration or intensive patient monitoring. The major drug categories include, but are not limited to, drugs for rheumatoid arthritis, cancer, multiple sclerosis, human growth hormone deficiency, deep vein thrombosis and anemia. When a specialty prescription drug is needed, the applicable mail service copayment will be charged.

The Program provides enrollees with enhanced services that include disease and drug education, compliance management, side-effect management, safety management, expedited and scheduled delivery of your prescription drugs at no additional charge, refill reminder calls and all necessary supplies, such as needles and syringes applicable to the prescription drug.

When enrollees begin a therapy on one of the drugs included in the Program, a letter is sent describing the Program and any action necessary to participate in it.

The complete list of specialty drugs included in the Specialty Pharmacy Program is available on the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. Select Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. Click on Using Your Benefits and then select Specialty Pharmacy Drug List. Each of these drugs can be ordered through the Specialty Pharmacy Program using the CVS Caremark Mail Service Order Form.

To request mail service envelopes, refills or to speak to a specialty-trained pharmacist or nurse regarding the Specialty Pharmacy Program, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447). Press 4 for the Prescription Drug Program. Ask to speak with a representative from the Specialty Pharmacy Program, 24 hours a day, seven days a week.

### Dual Coverage

If you are covered under more than one insurance plan for prescription drugs, or are covered under two Empire Plan policies, it is important that you verify with your dispensing pharmacy that the correct plan is being used as the primary coverage. By making sure your claims are processed in the correct order initially, your secondary reimbursement will be processed more efficiently.

Generally, the plan that covers a person as an enrollee is primary over a plan that covers the same person as a dependent. When the same dependent child is covered under two plans, the plan of the parent whose birthday falls earlier in the year is usually primary. More information on determining primary and secondary coverage is found in your *Empire Plan Certificate*, *Empire Plan Reports* and *Certificate Amendments*.

\* Does not apply outside the United States.

### Through the Mail Order Pharmacy

The most cost-effective way to receive your prescription drugs is through the mail order pharmacy. When you fill your covered prescription drugs through The Empire Plan mail order pharmacy (CVS Caremark Mail Order Pharmacy), you can order up to a 90-day supply shipped to your home.\* Once your prescription is on file at the mail order pharmacy, you can order refills by mail, phone or online (see below). If you take prescription medications on a long-term basis, the mail order pharmacy may save you time and money.

You can print the CVS Caremark Mail Service Order Form from the New York State Department of Civil Service web site at <http://www.cs.ny.gov>. Select Benefit Programs, then NYSHIP Online and follow the prompts to the NYSHIP Online homepage. Select Forms, scroll down and choose CVS Caremark Mail Service Order Form.

Or, you can call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447). Press 4 for the Prescription Drug Program.

The address for the mail order pharmacy is: CVS Caremark, P.O. Box 2110, Pittsburgh, PA 15230-2110.

Once a prescription is on file at the CVS Caremark Mail Order Pharmacy, you can order refills either online or by calling The Empire

Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) 24 hours a day, seven days a week.

### At a Participating Pharmacy

When you use your Empire Plan Benefit Card\*\* at an Empire Plan participating pharmacy, including CVS Caremark Mail Order Pharmacy, you pay only your copayment for covered prescription drugs. For most brand-name drugs with a generic equivalent, you will also pay the ancillary charge (see Mandatory Generic Substitution, page 3).

You can fill the prescription for a supply of up to 90 days and receive refills for up to one year from the date the prescription is written. One copayment covers up to a 90-day supply.

To find an Empire Plan participating pharmacy, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press 4 for the Prescription Drug Program. You can also locate a participating pharmacy online through The Empire Plan Prescription Drug Program web site, <http://www.EmpirePlanRxProgram.com>. Select CVS Caremark, then Locate a Pharmacy. If you are Medicare primary, select SilverScript, then the Pharmacy Locator. On this page you are able to generate a list of participating pharmacies using search criteria including ZIP code, city or state, and have the option to narrow the results by 24-hour and drive-thru service, distance and pharmacy name.

### Cost-saving Ideas

- Talk with your doctor about using over-the-counter drugs. Prescription drugs occasionally move to the over-the-counter market and are then available without prescriptions. An over-the-counter drug might be a cost-effective alternative to your prescription medication.
- When your doctor starts you on a new maintenance prescription drug, you may want to have your prescription filled for a 30-day supply to ensure that the prescription medication is right for your condition, before paying a higher copayment for a 31- to 90-day supply. **Note:** You may be required to fill two 30-day supplies of certain maintenance prescription drugs before a supply for greater than 30 days will be covered. Please see your *Empire Plan Reports and Certificate Amendments* for more details.
- Ask your agency Health Benefits Administrator if a Health Care Spending Account is available to set aside part of your salary before taxes to pay for health-related expenses or go to <http://www.flexpend.ny.gov>.
- Don't use The Empire Plan Prescription Drug Program for drugs related to a workers' compensation injury. These claims should be covered in full by workers' compensation.

\* Based on new Centers for Medicare & Medicaid Service requirements, if you are Medicare primary, your permission must be obtained before you can receive prescription drugs that were called, faxed or electronically prescribed.

\*\* See page 9 for more information on your benefit card for The Empire Plan Medicare Rx Program.

### At a Nonparticipating Pharmacy

If you use a non-network pharmacy to fill a prescription, or pay the full amount for your prescription at a network pharmacy (instead of using your Empire Plan Benefit Card) you will be required to pay the entire cost to fill your prescription upfront. To be eligible for reimbursement, you must fill out a claim form and submit it with any receipts from the pharmacy. In almost all cases, you will not be reimbursed the total amount you paid for the prescription and your out-of-pocket expense may exceed the usual copayment amount. To reduce your out-of-pocket expenses, use your Empire Plan Benefit Card and network pharmacies whenever possible.

Several factors affect the amount of your reimbursement. If your prescription was filled with:

- A covered generic drug, a brand-name drug with no generic equivalent, or insulin, you will be reimbursed up to the amount the Program would reimburse a network pharmacy for that prescription as calculated using the Program's standard reimbursement rate for network pharmacies less the applicable copayment.

- A covered brand-name drug with a generic equivalent (other than drugs exempt from mandatory generic substitution), you will be reimbursed up to the amount the Program would reimburse a network pharmacy for filling the prescription with that drug's generic equivalent as calculated using the Program's standard reimbursement rates for network pharmacies, less the Level 3 copayment.

You are responsible for the difference between the amount charged and the amount reimbursed.

These reimbursement rules also apply if you pay the full amount for your prescription at a participating pharmacy instead of using your Empire Plan Benefit Card.\*

### Pharmacy Limitations

The Empire Plan does not cover vaccines/immunizations administered by a pharmacist or purchased from a pharmacy. You will be responsible for the entire cost of any vaccine supplied by a pharmacy. Check your plan materials or call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) to find out where you are covered for vaccines.

### Pharmacy Processing Information

Some pharmacies may not be familiar with The Empire Plan. If you need to fill a prescription at a pharmacy that is not familiar with the Plan, you may be asked to provide additional information. Be prepared to provide the nine-digit Empire Plan enrollee ID number (listed on your benefit card) and the following information:

Bin number: 004336

Group: RX6027

PCN: ADV

\* See page 9 for more information on your benefit card for The Empire Plan Medicare Rx Program.

Prescription drugs can work wonders in curing ailments and keeping you healthy – often at a cost much lower than surgery or other procedures. But they may also cause serious harm if taken in the wrong dosage or in combination with another drug or drugs.

The Empire Plan Prescription Drug Program includes a Drug Utilization Review (DUR) program to check your prescriptions for possible inappropriate drug consumption, medical conflicts or dangerous interactions.

When you use your Empire Plan Benefit Card at a network pharmacy or CVS Caremark Mail Order Pharmacy and the pharmacist enters the information into the computer, the computer system will review your recent Empire Plan Prescription Drug Program medication history. The review assures that:

- Your prescription is written for the recommended daily dose.
- You are not already taking another drug that might conflict with the newly prescribed drug.
- Your age has been taken into account in prescribing this medication.

- Your prescription drug record does not indicate a medical condition that might be made worse by this drug.
- The quantity being dispensed is consistent with your doctor's dosage instructions.

If a possible problem is found, a warning message will be flashed to your pharmacist who may then talk with you and your doctor. Once any issues are resolved, the appropriate prescription drug can be dispensed.

The DUR safety process also has a “refill too soon” component for all claims submitted under The Empire Plan Prescription Drug Program. When a claim is processed, the last 180 days of your prescription drug claim history is reviewed by the computer system.

The claim will be rejected if, based on the prescription dosage, you should have consumed less than 75 percent of the prescription drug on a cumulative basis over that time period. When a claim is rejected, the pharmacist will receive a message indicating the date when you can refill your prescription.

This confidential DUR process is designed to safeguard your health, and it may help your doctor make more informed decisions about your prescription drugs.

### Safeguard Your Prescription Drug Benefits

Nearly all prescription claims are transmitted electronically from your local pharmacy or CVS Caremark Mail Order Pharmacy to The Empire Plan for payment. Take these important steps to guard against fraudulent use of your prescription drug benefit:

- Keep your insurance card in a safe place and do not share your Empire Plan ID number with others.
- When submitting a prescription to your pharmacy, make sure it includes the full name of the patient (spelled correctly and legibly), as well as his or her date of birth and home address.
- When picking up a prescription drug, make sure you or your representative signs for each one.
- You can ask your pharmacist for a printout of the prescription drugs processed under your Empire Plan coverage. This practice will ensure only those covered by your benefit are being provided prescription drugs under your plan.



When Empire Plan retirees and dependents become Medicare primary, they are automatically enrolled in Empire Plan Medicare Rx. Each person will receive a unique ID number and Empire Plan Medicare Rx Card to use at the pharmacy.

If you or your dependent(s) are Medicare primary and have not received an Empire Plan Medicare Rx ID card, call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447) and press 4 to speak to a representative.

- A one-month supply of your prescription drug covers up to 31 days, and a long-term supply covers up to 90 days.
- The 2014 Empire Plan Medicare Rx formulary includes Medicare Part D covered drugs and a secondary list of additional (non-Part D) drugs that are covered as part of a supplemental benefit.
- The ancillary charge applies only to certain prescription drugs on the additional drug list.
- If Empire Plan Medicare Rx excludes a Part D drug you take or limits your coverage of a Part D drug, you or your doctor can request a coverage determination or file an appeal of a coverage decision. Drugs excluded from the additional drug list are not subject to appeal or review, including medical necessity appeals.
- Prior authorization continues to be required for certain drugs. Call 1-877-7-NYSHIP (1-877-769-7447) and press 4 to speak with a CVS Caremark customer care representative if

you have questions. Drugs that require prior authorization are noted in the comprehensive formulary. Go to <http://www.EmpirePlanRxProgram.com> and click on SilverScript. The formulary can be found in the Documents tab.

- Certain covered prescription drugs may have restrictions. You may be required to try a specific drug before Empire Plan Medicare Rx will cover the drug your doctor has prescribed. Or, in some cases, the quantity of a drug that can be dispensed over a period of time may be limited. Also, you or your doctor may need to give us clinical information about your health to ensure that your drug is covered correctly by Medicare.
- Prescription drugs covered under Medicare Part B are covered under The Empire Plan's Medical/Surgical benefit and are excluded from Empire Plan Medicare Rx. For example, Medicare covers certain oral chemotherapy drugs under your Part B benefit (not Part D). Because they're covered under Medicare first and The Empire Plan's Medical/Surgical benefit second, the pharmacy should bill Medicare directly for all Part B prescription drugs. Most pharmacies already know which Medicare program covers which drugs.
- Once you qualify for Catastrophic Coverage, you pay the greater of a \$2.55 copayment for generic drugs and a \$6.35 copayment for brand-name drugs or 5 percent coinsurance, not to exceed your usual copayment.

- People with limited income may qualify for Extra Help to pay for their prescription drug costs. For more information about this Extra Help, contact The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447), your local Social Security office or [www.socialsecurity.gov](http://www.socialsecurity.gov), your state Medicaid office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, seven days per week. TTY users should call 1-877-486-2048.
- You may continue to fill your specialty prescription drugs through CVS Caremark's Specialty Pharmacy using the CVS Caremark Mail Service Order Form. An applicable mail order copayment will apply. For more information on The Specialty Pharmacy Program, see page 5. You can also call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447). Press 4 and ask to speak with a specialty pharmacy representative, 24 hours a day, seven days a week.

**Reminder:** You can be enrolled in only one Medicare Part D plan at a time. If you enroll in another Medicare Advantage Plan that includes Part D coverage, Medicare will terminate your membership in Empire Plan Medicare Rx and, in some cases, from The Empire Plan completely (i.e., you will have no drug OR medical coverage under The Empire Plan).

## THERAPEUTIC RESOURCE CENTERS

Many people suffer from long-term conditions such as diabetes, high blood pressure, cancer, stomach issues, asthma or arthritis and need to take costly prescription drugs daily to maintain their health. The Empire Plan Prescription Drug Program offers a pharmacy benefit service called Therapeutic Resource Centers to help people with long-term conditions manage their prescription drugs in a safe and cost-effective manner.

The Therapeutic Resource Centers have specialty pharmacists with advanced training on the prescription drugs used to treat specific long-term conditions. They will review an individual's prescription drug history and can quickly identify potentially harmful drug interactions and alert the individual and his or her doctor immediately. Specialty pharmacists are also up to date on new drug therapies and the cost of prescription drugs and can provide information on more affordable, but equally effective treatment options.

To take full advantage of this program, you must fill your long-term prescriptions through The Empire Plan mail order

pharmacy, CVS Caremark Mail Order Pharmacy. If you're taking prescription drugs for a long-term condition, CVS Caremark Mail Order Pharmacy will automatically route your prescriptions to the Therapeutic Resource Center. After reviewing your prescription drug history, a specialty pharmacist will contact you to learn more about how your condition and prescription drugs personally affect you. They are available to talk with you – one on one, in private, 24 hours a day, seven days a week – and will even talk with your doctor if appropriate.

This is a voluntary program with no additional costs. Filling your prescriptions through CVS Caremark Mail Order Pharmacy not only ensures that you receive personalized care from a specialty pharmacist, but it also provides you with the safety, savings and convenience of having prescription drugs delivered right to your home.

To find out more about Therapeutic Resource Centers, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose the Prescription Drug Program.

### Easy-Open Tops

For safety reasons, all prescriptions sent from the CVS Caremark Mail Order Pharmacy have a tamper-proof top on the bottle. If you would prefer tops that are easier to open, you may request that easy-open tops be sent with your prescription drug bottles. Call 1-877-7-NYSHIP (1-877-769-7447), available 24 hours a day, seven days a week. Press 4 for the Prescription Drug Program. Keep your supply of easy-open tops when you finish a bottle of prescription drugs. Additional tops will not be automatically sent with subsequent orders. Requests for additional tops can be noted on your CVS Caremark Mail Service Order Form.

## WHERE TO FIND MORE INFORMATION

### By Telephone

You can reach The Empire Plan Prescription Drug Program toll free at 1-877-7-NYSHIP (1-877-769-7447) 24 hours a day, seven days a week. Enrollees and dependents who are not Medicare primary who use a teletypewriter (TTY) device may call the Program toll free at

1-800-863-5488. Medicare-primary enrollees and dependents who use a TTY device may call 1-866-236-1069.

The Empire Plan has a dedicated phone line with an Interactive Voice Response (IVR) Unit to help answer your questions. Have your nine-digit health insurance

identification number (located on your Empire Plan Benefit Card\*) or Social Security number (SSN) ready when you call. After reaching the Prescription Drug Program phone line, state the reason you are calling. See the chart below for more information.

Purpose of Call	What to Say	Information Needed to Complete Request
Order a refill	"Refill"	Prescription number, credit card information
Check status of an order	"Order Status"	Prescription number and zip code
Locate a participating pharmacy	"Pharmacy Location"	Enrollee date of birth, zip code and nine-digit health insurance identification number or SSN
Verify your eligibility	"Eligibility"	Nine-digit health insurance identification number or SSN
Request forms for using the mail order pharmacy or for filing a paper claim	"Forms"	Indicate if you are requesting the CVS Caremark Mail Service Order Form or paper claim form
Verify copayment	"Pricing"	Nine-digit health insurance identification number or SSN, name of drug, strength, and dosage form (liquid, capsule, tablet or cream)

If you are unable to get an answer to your questions, please stay on the line to speak with a representative.

\* Or, if you have The Empire Plan Medicare Rx Program, you will use the identification number on your benefit card. See page 9 for more information on The Empire Plan Medicare Rx Program.

## WHERE TO FIND MORE INFORMATION

### On the Web

Empire Plan enrollees have access to additional online resources on the CVS Caremark web site. Go to <http://www.ExmpirePlanRxProgram.com> and select the CVS Caremark link. Or, if you are Medicare primary, select the SilverScript link.

You can:

- Find forms to place a mail order, request a new prescription from your doctor, file a claim or designate a caregiver
- Refill a prescription
- Track your order
- Find generic drugs or less costly alternatives to prescription drugs
- View your retail and mail order prescription history
- Locate a pharmacy
- View prescription claim details, payment details and balances
- Use the Ask-a-Pharmacist feature to email a CVS Caremark pharmacist for helpful answers, or browse the pharmacist FAQs to get the answers you need

New York State Department of Civil Service, Employee Benefits Division, Albany, New York 12239 ▪ <https://www.cs.ny.gov>

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