



# REPORTING *On*

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

## PRESCRIPTION DRUGS

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

CVS/caremark administers the Empire Plan Prescription Drug Program.

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Prescription drugs are one of the fastest-growing components of health care costs in the United States and for The Empire Plan. Between 2005 and 2014, the average cost of a brand-name drug claim covered under The Empire Plan increased 128 percent, while the average cost of a generic drug claim increased 25 percent. During that same time period, the Plan's total cost per covered individual for prescription drug claims increased more than 50 percent from \$1,113 to \$1,741 (see chart below).

Your prescription drug benefit is designed to help The Empire Plan manage Plan drug costs and establish copayment levels that are closer to the relative cost of most drugs. 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 Level 1 or Level 2 drugs (see page 2 for details).

### Empire Plan Prescription Drug Costs: 2005 vs. 2014

	2005	2014	% Change
Average cost to Plan per brand-name drug claim	\$160.79	\$367.35	128%
Average cost to Plan per generic drug claim	\$24.15	\$30.17	25%
Average annual cost to Plan per covered individual	\$1,113	\$1,741	56%

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.

# PRESCRIPTION DRUG COPAYMENT LEVELS



## THREE COPAYMENT LEVELS

The Empire Plan Prescription Drug Program has three levels of copayments. Your copayment amount depends on the level the drug is assigned to, 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. 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/employee-benefits>. 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.

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. 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. 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 press or say 4 for the Prescription Drug Program.

If your appeal is granted, you can fill your prescription at a participating retail pharmacy or through the mail service 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 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:

- Celebrex® – A drug used to treat pain or inflammation caused by conditions such as arthritis, ankylosing spondylitis and menstrual pain. It is also used in the treatment of hereditary polyps in the colon. The generic equivalent for Celebrex® is celecoxib.
- Evista® – A drug for women used to treat osteoporosis and lower the risk for breast cancer. The generic equivalent for Evista® is raloxifene.
- Detrol LA® – A drug that treats symptoms of an overactive bladder. The generic equivalent for Detrol LA® is tolterodine extended release.
- Intuniv® – A long-acting tablet used to treat attention deficit hyperactivity disorder (ADHD) in children who are at least six years old. The generic equivalent for Intuniv® is guanfacine.
- Lunesta® – A drug used to treat insomnia. The generic equivalent for Lunesta® is eszopiclone.
- Micardis® – A drug used to treat high blood pressure (hypertension) and help lower the risk of certain cardiovascular problems. The generic equivalent for Micardis® is telmisartan.
- Micardis HCT® – A drug similar to Micardis® in the treatment of high blood pressure (hypertension), with the addition of a diuretic (water pill). The generic equivalent for Micardis HCT® is telmisartan/hydrochlorothiazide.

## Coming Soon...

The following are highly-utilized Flexible Formulary drugs expected to become available as a generic in 2015:

- Abilify® – A drug taken daily to treat a number of psychological conditions including depression, bipolar disease and schizophrenia. The generic equivalent for Abilify® will be aripiprazole.
- Actonel® – A drug taken orally to prevent osteoporosis or to treat Paget's Disease. The generic equivalent of Actonel® will be risedronate sodium.
- Namenda® – A drug taken twice daily for treatment of moderate to severe dementia associated with Alzheimer's. The generic equivalent of Namenda® will be memantine hydrochloride.
- Ortho Tri-Cyclen Lo® – An oral contraceptive taken once a day to prevent pregnancy. The generic equivalent of Ortho Tri-Cyclen Lo® will be norgestimate/ethinyl estradiol.
- Tazorac® – A gel or cream used to treat acne and plaque psoriasis. The generic equivalent of Tazorac® will be tazarotene.

Additional drugs that may become generic this year are noted with an asterisk\* on the Flexible Formulary. The Flexible Formulary can be found on the New York State Department of Civil Service web site at <https://www.cs.ny.gov/employee-benefits>. Click on Using Your Benefits to find the Flexible Formulary.

# 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 Level 1 or Level 2 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 to NYSHIP 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/employee-benefits>.

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 or say 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. Enrollees may file a medical exception appeal to receive coverage for drugs excluded from the Flexible Formulary. Enrollees and their physicians must first evaluate whether covered drugs on the Flexible Formulary are suitable alternatives. After an appropriate trial of Flexible Formulary alternatives, the physician may submit a letter of medical necessity and any supportive clinical

documentation to CVS/caremark. If the exception request is denied, the enrollee has additional appeal rights, which will be outlined in the denial letter. A complete list of excluded drugs is available at the end of the 2015 Flexible Formulary Drug List.

## 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.

For the most recent list of Prior Authorization drugs, go to NYSHIP Online. Click on Using Your Benefits and select Drugs that Require Prior Authorization.

*\* The Empire Plan Flexible Formulary does not apply to the Excelsior Plan. Excelsior Plan enrollees should see the Excelsior Plan Preferred Drug List.*

## 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 or say 4 for the Prescription Drug Program.

# 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 anemia, cancer, deep vein thrombosis, Hepatitis C, human growth hormone deficiency and rheumatoid arthritis. 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 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/employee-benefits>. 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 order forms, or 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 or say 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.

*\* Does not apply outside the United States.*



## 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. For Medicare-eligible enrollees, the Centers for Medicare & Medicaid Coordination of Benefits rules apply. More information on determining primary and secondary coverage is found in your *Empire Plan Certificate*, *Empire Plan Reports* and *Certificate Amendments*.

# HOW TO FILL YOUR PRESCRIPTIONS

## THROUGH THE MAIL SERVICE PHARMACY

The most cost-effective way to receive your prescription drugs is through the mail service pharmacy. When you fill your covered prescription drugs through The Empire Plan mail service pharmacy (CVS/caremark Mail Service Pharmacy), you can order up to a 90-day supply shipped to your home.\* Once your prescription is on file at the mail service pharmacy, you can order refills by mail, phone or online (see below). If you take prescription medications on a long-term basis, the mail service 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/employee-benefits>. From the NYSHIP homepage, select Forms and scroll down to 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 or say 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 Service 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.

Based on how a prescription is written, 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 initially filled. One copayment covers up to a 90-day supply.

*\* Under 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 in, faxed or electronically prescribed.*

## AT A PARTICIPATING PHARMACY

When you use your Empire Plan Benefit Card\*\* at an Empire Plan participating pharmacy, including the CVS/caremark Mail Service 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 initially filled. 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 or say 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.

*\*\* See page 8 for more information on your Empire Plan Medicare Rx Program benefits.*

## 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 30- to 90-day supply. **Note:** Under the New to You Program, 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.flexspend.ny.gov>.
- Don't use the Empire Plan Prescription Drug Program for drugs related to your workers' compensation injury. These claims should be covered in full by workers' compensation.

## AT A NONPARTICIPATING PHARMACY

If you use a non-network pharmacy to fill a prescription, or pay more than the applicable copayment 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 at the time it is received. 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.\*

*\* See page 8 for more information on your benefit card for The Empire Plan Medicare Rx Program.*



## 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

## Vaccine Coverage at Network Pharmacies \*

Enrollees and dependents\*\* may receive select preventive vaccines without copayment when administered by a licensed pharmacist at a pharmacy that participates in CVS/caremark's national vaccine network.

Preventive Vaccines include:

- Influenza – flu
- Meningococcal – meningitis
- Pneumococcal – pneumonia
- Herpes Zoster – shingles\*\*\*

\* This benefit does not apply to groups that have not settled their contracts with the State or to Medicare-primary enrollees.

\*\* New York State law prevents pharmacists from administering vaccines to anyone younger than 18.

\*\*\* The Herpes Zoster Vaccine is available to enrollees age 60 or older with no copay. However, enrollees ages 55-59 can receive it with a Level 1 copay.



# THE EMPIRE PLAN MEDICARE RX PROGRAM



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 or say 4 to speak to a representative.

The following applies to you as an enrollee or dependent in Empire Plan Medicare Rx:

- ▶ A one-month supply of your prescription drug covers up to 30 days, and a long-term supply covers up to 90 days. If an enrollee fills a prescription that is written for a 31-day supply, the higher 31- to 90-day supply copay will apply.
- ▶ The 2015 Empire Plan Medicare Rx formulary includes Medicare Part D covered drugs and additional (non-Part D) drugs that are covered as part of a supplemental benefit.
- ▶ The ancillary charge applies only to certain prescription drugs covered under the supplemental benefit.
- ▶ 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. A medical exception request may be considered for drugs excluded under the supplemental benefit. See “Exclusions” on page 4 for information on submitting a request.

## Prior Authorization

Prior authorization continues to be required for certain drugs. Call 1-877-7-NYSHIP (1-877-769-7447) and press or say 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.

## Possible Restrictions

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 provide clinical information about your health to ensure that your drug is covered correctly by Medicare.

## Part B Benefits

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 the prescriptions are 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.

**SILVERSCRIPT™** THE EMPIRE PLAN  
**NYSHIP**

Prescription Drug Plan Administered by  
CVS Caremark Part D Services, LLC

RXBIN: XXXXXX  
RXPCN: XXXXXX  
RXGRP: XXXXXX

ISSUER (80840): 9151014609  
ID: XXXXXXXXXXXX  
NAME: JOHN Q PUBLIC

**MedicareRx**  
Prescription Drug Coverage

S5601 811



## Catastrophic Coverage

Once you qualify for Catastrophic Coverage, you pay the greater of a \$2.65 copayment for generic drugs and a \$6.60 copayment for brand-name drugs or 5 percent coinsurance, not to exceed your usual copayment.

## Extra Help

People with limited income may qualify for Extra Help to pay for their prescription drug costs. For more information about 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 a day, seven days a week. TTY users should call 1-877-486-2048.

## Specialty Prescriptions\*

As a Medicare Rx enrollee, where you fill your specialty prescription drug depends upon where that drug falls on the Formulary:

- ▶ If the drug is included on the Empire Plan Medicare Rx (Part D) Formulary, you can choose to fill it



at a retail pharmacy (if available) or through the CVS/caremark Specialty Pharmacy.

- ▶ If the drug is included on The Empire Plan expanded coverage benefit, you must fill your specialty prescription drugs through CVS/caremark's Specialty Pharmacy using the CVS/caremark Mail Service Order Form.

*\*Does not apply outside the United States.*

An applicable mail service 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 or say 4 and ask to speak with a specialty pharmacy representative, 24 hours a day, seven days a week.

## Reminder: You can only be enrolled in one Medicare Part D plan at a time.

If you enroll in another Medicare Part D Plan or in a Medicare Advantage Plan, Medicare will terminate your membership in Empire Plan Medicare Rx and this will result in your termination from The Empire Plan completely (i.e., you will have no drug OR medical coverage under The Empire Plan). Many other employers that offer retiree coverage include Part D coverage as part of their benefits. Be sure to confirm the details of any other coverage you may have to ensure your continued NYSHIP enrollment.





## DRUG UTILIZATION REVIEW

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 Service 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 Service 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.



## Easy-Open Tops

For safety reasons, all prescriptions sent from the CVS/caremark Mail Service 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 or say 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 service 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.

*\*If you have The Empire Plan Medicare Rx Program, you will use the identification number on your Empire Plan Medicare Rx benefit card. See pages 8-9 for more information on The Empire Plan Medicare Rx Program.*

## ON THE WEB

Empire Plan enrollees have access to additional online resources on the CVS/caremark web site. Go to <http://www.EmpirePlanRxProgram.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/employee-benefits>

It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on NYSHIP Online at <https://www.cs.ny.gov/employee-benefits>. Visit NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. NYS and PE Retirees, NYS and PE COBRA Enrollees and Young Adult Option enrollees: Contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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