

SEPTEMBER 2025

The Empire Plan **REPORTING ON**

PRESCRIPTION DRUGS



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

CVS Caremark administers the Empire Plan Prescription Drug Program.



Department of Civil Service
The Empire Plan

For Empire Plan Enrollees and for their enrolled Dependents, COBRA Enrollees with their Empire Plan benefits and Young Adult Option Enrollees

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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 2015 and 2024, the average cost of a brand-name drug covered under The Empire Plan increased 183 percent, while the average cost of a generic drug increased 2 percent.

Your prescription drug benefit is designed to help The Empire Plan manage drug costs while providing access to a comprehensive formulary.

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 (Level 1 is the lowest; Level 3 is the highest), the quantity supplied and where the prescription is filled. A list of copayment amounts can be found in your *At A Glance* and *Empire Plan Certificate*. 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.

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 when they produce an identical therapeutic effect.

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

Generic drugs may look different in color or shape from the 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.

If you and your doctor agree on a generic drug 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

The manufacturers' cost of research, development and marketing of brand-name drugs is 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 non-preferred drugs. In many cases, Level 3 drugs have a generic equivalent and/or one or more preferred alternatives.

Drugs Not Subject to Copayment

Certain covered drugs do not require a copayment when using a network pharmacy:

- Oral chemotherapy drugs, when prescribed for the treatment of cancer
- Generic oral contraceptive drugs and devices or brand-name contraceptive drugs/devices without a generic equivalent (single-source brand-name drugs/devices)
- Medications used for emergency contraception and pregnancy termination
- Tamoxifen, raloxifene (for patients age 35 and older), anastrozole and exemestane when prescribed for the primary prevention of breast cancer
- Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP), when prescribed for enrollees who are at high risk of acquiring HIV
- Covered prescription insulin drugs

- Certain preventive adult vaccines when administered by a licensed pharmacist at a pharmacy that participates in the CVS Caremark national vaccine network
- Certain prescription and over-the-counter medications considered preventive without cost sharing and have in effect a rating of “A” or “B” in the current recommendations of the U.S. Preventive Services Task Force (USPSTF)

Updates to Prescription Drug Benefits

For the most updated information on prescription drug benefits, visit the NYSHIP website for 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 excluded from the formulary. For the most recent changes to Empire Plan prescription benefits, visit the What’s New section of the NYSHIP website.

MANDATORY GENERIC SUBSTITUTION

If your prescription is written for a covered brand-name drug that has a generic equivalent, New York State law requires generic substitution 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 can submit a letter of medical necessity to CVS Caremark for a medical exception. If your doctor requests a medical exception and it is approved, Dispense As Written (DAW) will be indicated on the prescription and you will pay the Level 3 copayment. To appeal a generic substitution requirement, have your prescribing doctor call The Empire Plan.

If your appeal is granted, you can fill your prescription at a network retail pharmacy or through the CVS Caremark Mail Service Pharmacy and pay only the applicable copayment; the ancillary charge* will not apply. You may not appeal the level of a drug or its applicable copayment under your formulary.**

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

Please refer to your *Empire Plan Certificate* for details about generic substitution appeals and for specific drugs exempt from generic substitution.

* *An ancillary charge is the difference in discounted ingredient costs between the dispensed brand-name drug and the generic equivalent, not to exceed the actual cost of the drug. The ancillary charge does not apply if you are Medicare-primary.*

** *Medicare-primary enrollees: See your Evidence of Coverage for more information regarding coverage determinations and appeals.*



EMPIRE PLAN ADVANCED FLEXIBLE FORMULARY DRUG LIST

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

The Empire Plan Advanced Flexible Formulary uses a three-level copayment schedule to encourage enrollees to use Level 1 or Level 2 drugs.

All drugs included on the Advanced Flexible Formulary have been approved by the FDA. The Advanced Flexible Formulary is updated quarterly, but exclusions and uptiers are done once a year on January 1.

Prescription drug lists can be found on the NYSHIP website.

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 their formulary. Enrollees and their doctors must first evaluate whether covered drugs on the formulary are suitable alternatives. If the enrollee and their doctor determine they need to have an excluded drug, the doctor 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 formulary drug lists.

Prior Authorization

Certain prescription drugs require prior authorization for coverage under the Empire Plan Prescription Drug Program. If you are prescribed a drug that requires prior authorization, have your doctor contact CVS Caremark to provide clinical information to determine coverage. 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, visit the NYSHIP website.

Brand for Generic

Under the Empire Plan Advanced Flexible Formulary, the Brand for Generic (B4G) feature saves you money on certain brand-name drugs that have a

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 typically for a limited time and may be revised during the year when such changes are advantageous to The Empire Plan.

When you 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.

Quantity Limits

Certain drugs may be subject to quantity limits based on clinical and safety factors related to the dispensing of the drug. A quantity limit (QL) notation appears on the formulary for these drugs. For select drugs, additional quantities may be covered through prior authorization (PA) and will be noted with QL/PA on the formulary. In addition, the number of days' supply for controlled drugs may be limited in accordance with federal and state mandates.

Dual Coverage

If you are covered under more than one insurance plan for prescription drugs, or are covered under two Empire Plan policies, verify with your dispensing pharmacy that the correct plan is being used as the primary coverage to ensure that your claims are processed in the correct order. To receive reimbursement, you must complete the Coordination of Benefits claim form and submit, with proof of payment, directly to the Empire Plan Prescription Drug Program.

Generally, the plan that covers a person as an enrollee is primary to 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 calendar year is usually the primary payer. For Medicare-eligible enrollees, the Centers for Medicare & Medicaid Services (CMS) coordination of benefits rules apply. For more information, see your *Empire Plan Certificate*.

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, called Specialty Guideline Management (SGM), may include quantity limits to ensure that the appropriate amount is dispensed.

Specialty drugs are used to treat complex conditions and usually require special handling, special administration or intensive patient monitoring. The program provides enrollees with enhanced services

that include disease and drug education, compliance, side-effect and safety management, expedited and scheduled delivery of your prescription drugs at no additional charge, refill reminder calls and all necessary supplies.

The complete list of specialty drugs included in the Specialty Pharmacy Program is available on the NYSHIP website. For more information, call The Empire Plan and ask to speak with a representative from the Specialty Pharmacy Program.

** Does not apply outside the United States.*

DRUG UTILIZATION REVIEW

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 drug interactions.

When you use your Empire Plan Benefit Card at a network pharmacy or CVS Caremark Mail Service Pharmacy, the computer system will review your recent medication history. 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.

This confidential DUR process is designed to safeguard your health, and it may help your doctor make more informed decisions about your prescription drugs. For more information about the DUR process, see your *Empire Plan Certificate* or contact The Empire Plan and press or say 4 for the Prescription Drug Program.



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. Through 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 CVS Caremark Mail Service Pharmacy, you can order refills by mail, phone or online. You can print the CVS Caremark Mail Service Order Form from the NYSHIP website. Also, you can order refills either online or you can call The Empire Plan. The address for the mail order pharmacy is: CVS Caremark, P.O. Box 2110, Pittsburgh, PA 15230-2110.

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.

** Under Centers for Medicare & Medicaid Services (CMS) requirements, if you are Medicare-primary, your consent must be obtained before you can receive prescription drugs that were called in, faxed or electronically prescribed.*

At a Network Pharmacy

When you use your Empire Plan Benefit Card at an Empire Plan network 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).

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.

To find an Empire Plan network pharmacy, call The Empire Plan. You can also locate a network pharmacy online through the Empire Plan Prescription Drug Program website, www.empireplanrxprogram.com. Select CVS Caremark, then Find a Local Pharmacy. If you are Medicare-primary, select SilverScript, then the Pharmacy Locator on the upper right corner of the page.

At a Non-Network Pharmacy

If you use a non-network pharmacy to fill a prescription or if you do not use your Empire Plan benefit card at a network pharmacy, you

will be required to pay the entire cost to fill your prescription. To be eligible for reimbursement, you must fill out a claim form and submit it with any receipts from the pharmacy. Claim forms are available on the NYSHIP website. Forms can also be submitted online with the creation of a CVS Caremark online account. In almost all cases, you will not be reimbursed the total amount you paid for the prescription and your out-of-pocket expenses may exceed the usual copayment amount. To reduce your out-of-pocket expenses, use your Empire Plan Benefit Card and network pharmacies whenever possible.

Medication Synchronization

If you take multiple maintenance medications, you can coordinate refill schedules so you will pick up all your maintenance medications in one visit. Ask your network pharmacy for more details or call The Empire Plan.

Pharmacy Processing Information

If you need to fill a prescription at a pharmacy that is not familiar with The Empire Plan, you may be asked to provide additional information. If you are an active enrollee, provide the nine-digit Empire Plan enrollee ID number listed on your benefit card and the following information: BIN: 004336; Group: RX6027; PCN: ADV. If you are Medicare-primary, provide the information on your SilverScript Insurance Card.

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. Find a pharmacy that is included in the vaccine network by going to www.empireplanrxprogram.com. Select CVS Caremark and scroll down to the link for Find a Local Pharmacy. Under the Advanced Options menu, select Vaccine network. Certain vaccines have age limitations and follow the recommendations by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC). For a list of preventive vaccines, see your *Empire Plan Preventive Care Coverage Guide* in your *At A Glance* publication or on the NYSHIP website.

EMPIRE PLAN MEDICARE RX

When Empire Plan enrollees and dependents become Medicare-primary, they are automatically enrolled in Empire Plan Medicare Rx, a Medicare Part D prescription drug plan administered by SilverScript Insurance Company. Each person will receive a unique ID number and Empire Plan Medicare Rx Card to use at the pharmacy.

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 copayment will apply.
- The Empire Plan Medicare Rx formulary includes Medicare Part D covered drugs. Additional (non-Part D) drugs are covered as part of a 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.

Prior Authorization

Prior authorization continues to be required for certain drugs. Call The Empire Plan to receive prior authorization. Drugs that require prior authorization are noted in the comprehensive formulary.

Possible Restrictions

Due to FDA guidelines, you may be required to try a specific drug before Empire Plan Medicare Rx will cover the drug your doctor has prescribed. Or, 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.

Catastrophic Coverage

Once you qualify for Catastrophic Coverage, the Plan pays the cost of your covered drugs. You pay nothing.

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, your local Social Security office or www.ssa.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.

Medicare Part D Plan

If you enroll in a non-NYSHIP Medicare Part D plan or in a Medicare Advantage plan in addition to your NYSHIP coverage, CMS will cancel your enrollment in Empire Plan Medicare Rx and all Empire Plan coverage, including your hospital, medical/surgical and mental health and substance use services, will end.



WHERE TO FIND MORE INFORMATION

Empire Plan enrollees have access to additional online resources on the CVS Caremark website. Visit www.empireplanrxprogram.com and select the CVS Caremark link. Or, if you are Medicare-primary, select the SilverScript link.

Use the Email-a-Pharmacist feature to email a CVS Caremark pharmacist for helpful answers, or browse the pharmacist FAQs to obtain the answers you need.

You can reach the Empire Plan Prescription Drug Program toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 for the Prescription Drug Program. TTY: 711

The Empire Plan has a dedicated phone line with an Interactive Voice Response (IVR) Unit to help answer your questions. Have your nine-digit Empire Plan enrollee ID number (located on your Empire Plan Benefit Card*) or Social Security number (SSN) ready when you call. If you are unable to get an answer to your questions, please stay on the line to speak with a representative.

** If you are enrolled in Empire Plan Medicare Rx, you will use the identification number on your Empire Plan Medicare Rx benefit card. See page 7 for more information on Empire Plan Medicare Rx.*

Purpose of Call	What To Say	Information Needed To Complete Request
Order a refill	“Refill”	Prescription number and credit card information
Check status of an order	“Order Status”	Prescription number and ZIP code
Locate a network pharmacy	“Pharmacy Location”	Enrollee date of birth, ZIP code and nine-digit Empire Plan enrollee ID number or SSN
Verify your eligibility	“Eligibility”	Nine-digit Empire Plan enrollee ID 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 Empire Plan enrollee ID number or SSN, name of drug, strength and dosage form (liquid, capsule, tablet or cream)

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.

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