State of New Hampshire Employee Health Benefit Program

Prescription Drug Benefits Booklet

Disclaimer: This document summarizes pharmacy benefit options offered by the State of New Hampshire through Express Scripts. It is not a complete statement of the terms and conditions under which benefits are available. This booklet is intended to describe benefits that are offered as accurately as possible. Benefits are set forth in and governed by all applicable coverage documents. In the event of any discrepancy between this booklet and the actual terms and conditions of those documents, the documents will govern.

EXPRESS SCRIPTS®

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Your Pharmacy Benefit at a Glance

Express Scripts administers the State of New Hampshire's employee prescription drug benefits.

- This plan is subject to a "drug list" or "formulary". This is a list of prescription drugs that are preferred by Express Scripts because of their safety, clinical effectiveness and ability to help control prescription drug costs. The drug list is updated on a regular basis and can be found online at www.Express-Scripts.com. You may also request a copy by calling Express Scripts Member Services at (866) 544-1798.
- This plan is not subject to a pharmacy deductible and does not have co-insurance.
- You are responsible for paying the applicable copayment for each prescription as listed on the Express Scripts drug list. Copayments are the amount paid by you for each prescription, or authorized refill. The copayments for each category provided below are based on a single prescription, or refill.
- Annual Out-of-Pocket Maximums are the total copayments you, or your family, are required to pay in a calendar year. Once this amount is reached, the State will pay 100 percent of the cost of your medications through the remainder of the calendar year. The accumulated copayment amounts are reset to zero at the beginning of each calendar year.
- Each prescription shall not exceed the days' supply limits listed below and is based on the prescriber's dosage and quantity indicated on the prescription:
    - Ninety (90) day supply for the Mail Order Program called the Express Scripts Pharmacy℠ Home Delivery Service,
    - Thirty-one (31) day supply for the Retail Pharmacy Program.
    - The days' supply limit is subject to exceptions for the following:
        - Certain pre-packaged drugs with greater than a 31-day supply which may require multiple copayments,
        - Certain medications, like controlled substances, that have quantity limits on the amount dispensed as defined by federal regulations.
- All prescriptions have a maximum number of refills as specified by the prescriber and must be renewed at least every 12 months.

2016 Copayments for Active Employees

Retail Pharmacy Program

Generic Drugs	$10 copayment
Preferred Brand-Name Drugs	$25 copayment
Non-preferred Brand-Name Drugs	$40 copayment
Certain Preventive Medications	$0 copayment

Mail Order Program

Generic Drugs	$1 copayment
Preferred Brand-Name Drugs	$40 copayment
Non-preferred Brand-Name Drugs	$70 copayment
Certain Preventive Medications	$0 copayment

Annual Out-of-Pocket Maximum

Individual	$750 per person per calendar year
Family	$1,500 per family per calendar year

Use of Generic Medications

Your pharmacy plan requires that you use a generic medication when available. When a generic equivalent is available but the pharmacy dispenses the brand-name medication for any reason other than a doctor's "dispense as written" (DAW) orders or similar instructions, you will pay the generic copayment **plus** the difference in full cost between the brand-name and the generic. The difference in payment will not count toward your annual out-of-pocket maximum.

When your doctor recommends the brand-name for treatment and includes the necessary instructions, you will pay the brand-name copayment as indicated above. (Also see the Generic Step Therapy section in this document for more information about using generic medications before requesting the brand name.)

Exception: If a generic medication is out of stock at the time a prescription is requested, Express Scripts may substitute the generic with a preferred brand, if it is available. The copayment will coincide with the original prescription requested.

Maintenance Medications through Mail Order

Your plan requires that maintenance or long-term medications be filled through the Express Scripts Pharmacy℠ Home Delivery Service. You are allowed one initial fill and two refills in a retail pharmacy before you are charged the full price of the medication. Express Scripts will reach out to you by phone and by mail before you are charged the full price of the medication. (See the sections in this document on the Mail Order Program, the Retail Pharmacy Program, and the Mail Order Opt-Out Program for more information about your options to receiving your medications.)

Specialty Medications

Specialty medications must be filled through Accredo, the full-service Express Scripts specialty pharmacy. (See the Express Scripts Specialty Pharmacy Program section in this document for more information about your specialty pharmaceutical benefits.)

- For specialty prescriptions that must be filled more frequently or for a 31-day supply or less, you will be charged the retail copayment for each supply.
- If your specialty prescription can be filled every 90 days, or more than a 31-day supply, you will be charged the mail order copayment for each supply.

Manage Your Pharmacy Benefits Online

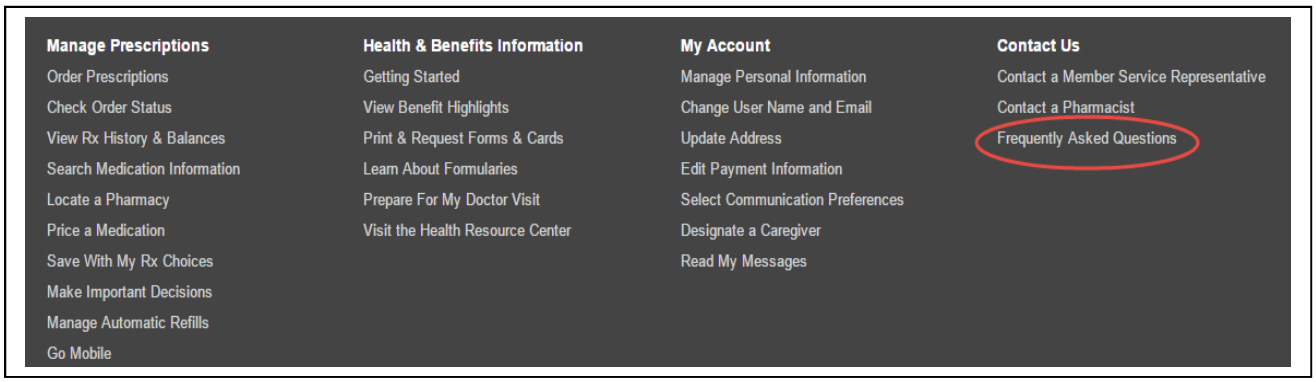
Although not required, you are encouraged to register for your own Express-Scripts.com online account as the website is referenced throughout this Benefit Booklet. To register, visit www.Express-Scripts.com and click on the "Register Now" orange icon on the home page. You will need your Express Scripts Member ID Card to register. You will fill out a brief registration form to ensure the security and privacy of your account. You will also be prompted to create a username and password (choose ones you will remember for logging on in the future).

Once you have reviewed all the information you have entered and made any necessary changes, you will need to read and accept the Express Scripts terms and conditions. It may be helpful to have a current prescription on hand when registering. Once online, you will have access to tools and resources that allow you to:

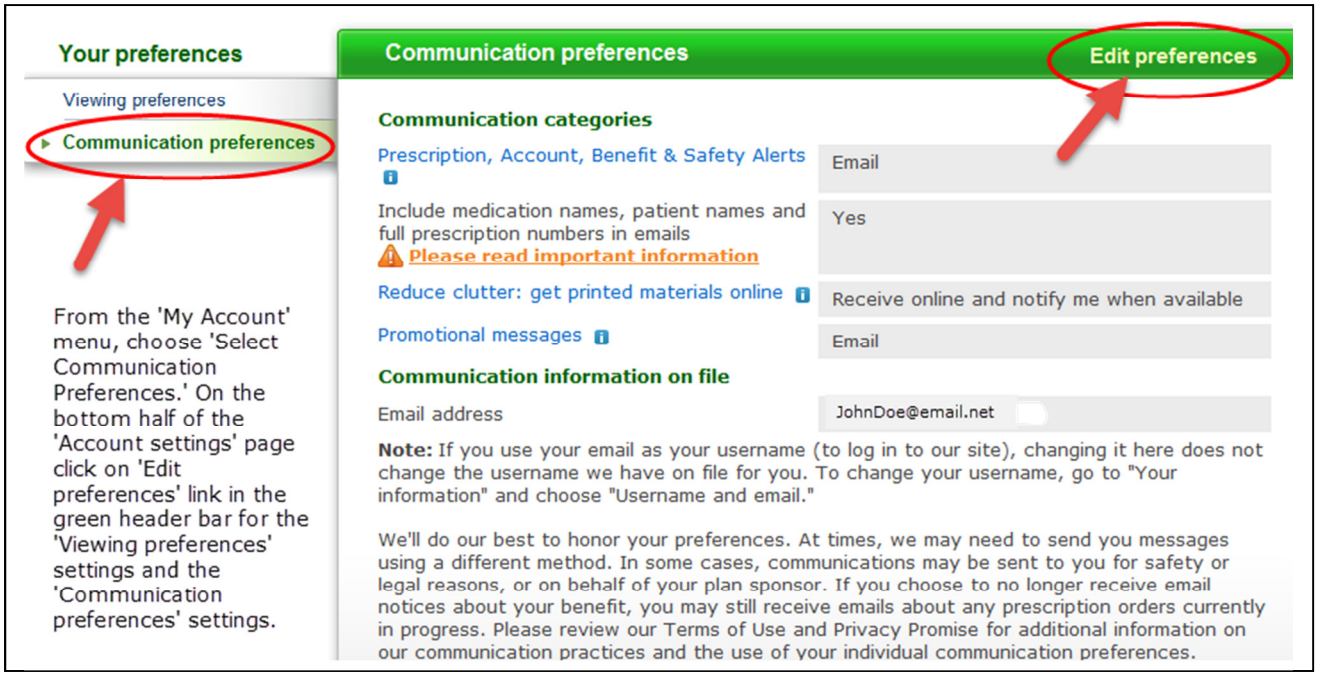
- Request mail order refills
- Learn about medications and interactions
- Compare brand-name and generic drug prices

- Check the status of mail orders
- Check and pay mail order account balances
- Locate a participating retail pharmacy
- Review benefit plan highlights
- Obtain order forms and claim forms
- Request temporary Member ID cards

The home page of the Express Scripts website is designed to be a quick-access dashboard for your prescriptions. Under the Express Scripts logo at the top of the home page you will find several drop down menus that appear when you hover your mouse pointer over the words 'Manage Prescriptions', 'Health & Benefits Information', and 'My Account'. You will also find quick links at the bottom of the home page (see insert below). Frequently Asked Questions (circled below) is where you will find answers to several topics including how to send a secure message to Express Scripts via the web. You are encouraged to explore the website for valuable resources available to you and your family.



Under the 'My Account' menu at the top of the Home page, choose the 'Select Communication Preferences' option. At the bottom of the screen under the 'Your Preferences' section of the page, click on the 'Communication preferences' link. Click on the 'Edit preferences' link in the top right hand corner of the 'Viewing preferences' window and the 'Communication preferences' window. In this window (depicted below), you may choose to include the name of the medications, patient names and full prescription numbers in email communications with Express Scripts.



Understanding Your Pharmacy Benefits

It is recommended that you understand how your prescription benefits work and how your requests to fill prescriptions will be processed by Express Scripts. The 'Price a Medication' tool at www.Express-Scripts.com (found under the Manage Prescriptions drop down menu) provides the following information once you enter the name and dosage of the prescription you wish to fill:

- The copayment amount you will be charged;
- If a generic equivalent or lower cost alternative is available;
- If there are special requirements that must be met before a prescription can be filled:
  - If a prior authorization or medical review is required from your doctor;
  - If you are required to try the generic first (generic step therapy); or
  - If there are quantity limits on the amount of medication that can be dispensed.

You may also request this information by calling Express Scripts Member Services at (866) 544-1798.

Who is Eligible for the Pharmacy Benefit Plan

Eligibility for coverage under the State of New Hampshire pharmacy benefits is determined by the eligibility criteria set forth in the medical plan benefit book. Your enrollment in the plan is dependent on your enrollment election in the medical benefits. There are no separate enrollment forms to elect the pharmacy benefit.

What is Covered Under Your Pharmacy Plan

Covered drugs which, under New Hampshire or federal law, require a prescription and are designated as part of the plan design outlined below. Excluded from covered drugs are: (i) cosmetic drugs; (ii) appliances, devices, bandages, heat lamps, braces, splints, and artificial appliances; and (iii) health and beauty aids, cosmetics, and dietary supplements, unless otherwise required by New Hampshire or federal law, and is a prescription drug provided through Express Scripts.

All State of New Hampshire plan design options cover the following:

- State regulated drugs
- Diabetes supplies, including insulin syringes
- Insulin by prescription only
- Federal legend drugs, including:
  - Cardiovascular drugs
  - Anti-infectives
  - Dermatological therapies
  - Ear, nose, and throat medications
  - Ophthalmology drugs
  - Respiratory, allergy, cough, and cold medications
  - Oral diabetes drugs
  - Growth hormones and injectables
  - Contraceptives and devices
- Emergency contraception medications (prescription and OTC)
- Immunizing agents
- Tobacco cessation medications, including over-the-counter products

Certain controlled substances, and other prescribed medications, may be subject to dispensing limitations and to the professional judgment of the pharmacist. Prescriptions for certain controlled substances may be shipped under separate cover. (See the section on Drug Quantity Limits for more information.)

Under the Affordable Care Act (ACA), commonly known as health care reform, certain preventive medications, including over-the-counter (OTC) medications, are covered without charging a copayment, coinsurance or deductible (zero-dollar cost share). The State of New Hampshire Prescription Benefit

Program, in consultation with Express Scripts, has developed a list of medications and criteria (i.e., gender and age) to support preventive medication requirements based on the recommendations of the U.S. Preventive Services Task Force (USPSTF) and the Centers for Disease Control and Prevention (CDC) to be covered under the pharmacy benefit.

If you meet the eligibility criteria for the zero-dollar cost share, Express Scripts will automatically waive your copayment based on the medication being prescribed, specific to age and gender requirements of the ACA for covered employees and their dependents. All medications will require a prescription, including over-the-counter medication. (See the section on ACA Preventive Medications for more information.)

What is Not Covered

All plan design options exclude coverage for the following:

- Therapeutic devices or appliances;
- Anti-Obesity medications;
- Non–federal legend drugs, except insulin;
- Drugs labeled "Caution—Limited by Federal Law to Investigational Use," or experimental drugs, regardless of whether a charge is made to the member;
- Medication for which the cost is recoverable under any workers' compensation or occupational disease law or any state or government agency, or medication furnished by any other pharmaceutical or medical service for which no charge is made to the member;
- Medication taken or administered to the member while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, skilled nursing facility, convalescent hospital, nursing home, or similar institution that operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals;
- Any prescription that has reached the maximum number of refills specified by the physician, or any prescription that is more than one year old.

Express Scripts' Preferred Drug List Exclusions

Express Scripts has a list of medications that are not included on the Drug List. This list of drugs is called the Preferred Drug List Exclusions and can be found on www.Express-Scripts.com. (The list is located on the bottom of the home page in the Benefit & Account Notifications box.) These drugs are not covered due to their high cost and the availability of lower cost medications that are equal in clinical effectiveness. If you choose to fill this medication, you are subject to the full cost of the drug and the cost will not count toward your Annual Out-of-Pocket Maximum. Express Scripts recognizes that some physicians may still want to prescribe the medications on the Preferred Drug List Exclusions and may do so through the Prior Authorization process.

Express Scripts' Compound Management Solution

Certain compounded medications are excluded from coverage under the Plan. The Express Scripts' Compound Management Solution uses the following criteria to determine medical necessity and if the compounded ingredients are covered:

- Availability of commercially alternative medications (FDA approved prescription);
- Availability of an over-the-counter (OTC) alternative product;
- Clinical evidence of safety and efficacy of the compounded ingredient(s); and
- Whether an ingredient represents a significant cost or has significant and/or continuous price increases.

Express Scripts recognizes that some physicians may still wish to prescribe a compounded medication that includes one or more excluded ingredients. The prescriber should contact the Express Scripts' Prescriber Assistance Department at 1 (888) 327-9791 for more information.

Your Pharmacy Options

Mail Order Program: Express Scripts Pharmacy Home Delivery Service

Your plan requires that maintenance or long-term medications be filled through the Express Scripts Pharmacy[SM] Home Delivery Service. You are allowed one initial fill and two refills in a retail pharmacy before you are charged the full price of the medication. Express Scripts will reach out to you by phone and by mail before you are charged the full price of the medication.

All enrollees are offered the option of having their maintenance or long-term medications (those taken for 3 months or more) delivered to their home or other location. Medications are dispensed by the Express Scripts Pharmacy pharmacists through its network of mail order pharmacies.

Mail Order Program Basics

- You may obtain up to a 90-day supply (compared with a typical 31-day supply at retail) of each covered medication for one mail order copayment. Registered pharmacists are available 24 hours a day, 7 days a week.

  Express Scripts Home Delivery mail order pharmacies will not be required to dispense prescriptions for greater than a 90-day supply of covered drugs per prescription or refill, subject to the professional judgment of the dispensing pharmacist, limitations imposed on controlled substances, and the manufacturer's recommendations. Prescriptions may be refilled provided it is stated in the prescription.

- Order refills online, by mail, or by phone—anytime day or night. To order online, register at www.Express-Scripts.com. Refills are usually delivered within 8 days after your request is received in good order.

  A "request in good order" is a prescription that has all the proper medical authorizations in place and, based on the prescriber's instructions, the remaining supply on hand from the previous refill has depleted to approximately 25% or two (2) weeks to ten (10) days.

- Payment Options— When using home delivery, you can pay by check, e-check (see below for additional information), money order or credit card. If you prefer to use a credit card, you have the option of joining Express Scripts' automatic payment program by calling the self-service payment application at (800) 948-8779 or by enrolling online. If you prefer to speak to a live customer service representative, call 1 (866) 544-1798. Credit cards accepted include Visa, MasterCard, Discover, American Express, and Health Reimbursement (HRA) or Flexible Spending Account (FSA) debit cards.

  E-check is another term for electronic fund transfer. When you pay for mail order prescriptions with e-check, your copayments are conveniently deducted from your checking account. There is a 10-day grace period between the time your order is sent and when the amount is deducted from the assigned checking account. (The amount that is being deducted will be included in the prescription information that accompanies your order.)

- Standard shipping is free.

- When it is time for you to renew your prescription (usually after one year), you can choose to obtain a new prescription from your doctor directly or request that Express Scripts reach out to your doctor for you by calling Express Scripts Member Services at 1 (866) 544-1798.

How to initiate the Mail Order Program

There are several ways to initiate the use of mail order for your maintenance medications. The online method is the fastest and easiest way to initiate the mail order program.

Online:

- Ask your doctor to write a prescription for up to a 31-day supply with enough refills for twelve (12) months and fill it immediately at your chosen local pharmacy.
- After you've filled your 31-day prescription, go to **www.Express-Scripts.com**.
  - It may take up to 48 hours for your medication to appear on your home page.
  - From your home page at Express-Scripts.com, scroll down to the Prescriptions section. You will find a purple box entitled "Transfer to Home Delivery" under the prescription you filled at the retail pharmacy. Follow the directions on the page to initiate the transfer to mail order.

By mail:

- If you prefer to mail your written prescriptions directly to Express Scripts, you may do so by asking your doctor to write a prescription for up to a 90-day supply of each medication (plus refills for up to 1 year, if appropriate).
- If you are currently taking a medication, be sure to have at least a 14-day supply on hand when ordering. If you do not have enough, ask your doctor to give you a second prescription for up to a 31-day supply to fill at a participating retail pharmacy while your mail order prescription is being processed.
- You will need to include a completed Express Scripts Home Delivery mail order form with your written prescription.
  - Express Scripts Home Delivery mail order forms can be found at www.Express-Scripts.com. They are available for printing under the Health & Benefits Information menu. Select 'Print & Request Forms & Cards' from the drop down menu.
  - You may also call Express Scripts Customer Service at (866) 544-1798 to request mail order forms be mailed to you.
- Mail your prescriptions and completed mail order form(s) to the address listed on the mail order form. Appropriate US postage will be required.
- To help avoid delays in filling your prescription, be sure to include payment with your order. Payment options are listed on the mail order form.

By phone:

- If you prefer to order your mail order prescriptions by phone, you can request that Express Scripts contact your doctor directly to submit a prescription to the Mail Order Program on your behalf by calling (866) 544-1798.
- If you are currently taking a medication, be sure to have at least a 14-day supply on hand when ordering. If you do not have enough, ask your doctor to call in a second prescription for up to a 31-day supply to fill at a participating retail pharmacy while your mail order prescription is being processed.
- Be sure to have your identification number located on your Express Scripts prescription card, doctor's name and medication name available at the time of your call.

By fax from your doctor:

- You may also have your doctor fax your prescriptions. Ask your doctor to call the Express Scripts Prescriber Assistance Line at 1 (888) 327-9791 for faxing instructions.
- Or you may print a mail order fax form for your physician to complete. The fax forms can be found at www.Express-Scripts.com under the Health & Benefits Information menu. Select 'Print & Request Forms & Cards' from the drop down menu.
- If you are currently taking a medication, be sure to have at least a 14-day supply on hand when ordering. If you do not have enough, ask your doctor to give you a second prescription for up to a 31-day supply to fill at a participating retail pharmacy while your mail order prescription is being processed.
- Note: Faxes must be sent from your doctor's office. Faxes from other locations, such as your home or workplace, cannot be accepted.

You can expect new prescriptions to arrive 7-10 calendar days after Express Scripts receives your order. Refills are usually delivered within 8 days following Express Scripts' receipt of your refill

request. Your medication will be mailed to your home via standard U.S. Postal Service at no charge and will arrive in a plain, weather and tamper-proof pouch, with packaging accommodations made for temperature control if needed. Overnight delivery is available, at an additional cost. The cost varies depending on the destination city and state.

Home Delivery Mail Order Program Copayments

You will be responsible to pay the applicable copayment to Express Scripts for each prescription or authorized refill dispensed by Express Scripts under the mail order program. In those instances where your copayment would otherwise be greater than the pricing for any drug covered, you will pay the lower price. Express Scripts may suspend the mail order services to you if you are in default of any copayment amount due.

Mail order pharmacies will dispense covered prescription drugs to you, and dispense generic drugs when authorized, in accordance with applicable laws and regulations in the state in which the mail order pharmacy is located. All matters pertaining to the dispensing of covered drugs or the practice of the pharmacy in general, are subject to the professional judgment of the dispensing pharmacist. Any drug that cannot be dispensed in accordance with the manufacturer, or regulatory protocols, may be excluded from coverage by Express Scripts.

Mail Order Opt-Out Program

Your plan includes the Mail Order Opt-Out program (Opt-Out) called the Express Scripts Select Active Choice Program. The Opt-Out program is designed to provide more flexibility in situations where mail order requirements create an undue hardship. The program provides you with the choice to fill maintenance or long-term prescriptions through Express Scripts Pharmacy Home Delivery Service or at a retail pharmacy location.

If you elect to opt-out of the mail order program:

- You will not be subject to the plan's requirement to fill maintenance or long-term prescriptions through mail order after three fills (one initial fill plus two refills) at the retail pharmacy.
- You may only receive up to a 31-day supply at a retail pharmacy.
- You will pay the plan's retail copayment.
- You can still choose to fill your prescriptions through mail order, even if you elect to opt-out.
- Obtain new prescriptions for medications you wish to fill at a retail pharmacy. When you opt-out of the mail order program, your election applies to all current medications and future prescriptions.

The opt-out feature does not apply to specialty medications. Specialty prescriptions are provided through Accredo Health Group, Inc., an Express Scripts specialty pharmacy (please see Express Scripts Specialty Pharmacy Program explanation below).

To opt-out of the plan's requirement to fill maintenance or long-term prescriptions through mail order after three fills at the retail pharmacy, call Express Scripts toll-free at 1 (877) 603-1032 and provide your identification number located on your prescription drug card. Spouses and dependent children age 18 and older must call separately to opt-out.

Worry-Free Fills

You can request automatic refills of your mail order medications through the Worry-Free Fills Program online at www.Express-Scripts.com at the time you fill your prescription or by calling Express Scripts at 1 (866) 544-1798. The Worry-Free Fills program is a service that offers you the convenience of automatically sending your next month's refill once your estimated remaining days' supply reaches ten (10) days. You will receive a call seven (7) days prior to shipment to notify you that your medication is being shipped.

A prescription is eligible for the Worry-Free Fills program if:

1) It is dispensed by the home delivery Express Scripts Pharmacy,
2) You have taken the medication for a minimum of 30 days,
3) The prescription will not expire before your next refill, and
4) It is for at least a 56 day supply.

Certain drugs, such as controlled substances, over-the-counter medications, and specialty drugs, are not eligible for the Worry-Free Fills program.

Starting Worry-Free Fills

If you wish refill a prescription automatically through the Worry-Free Fills program, you may do so at the time you place your order online if your medication meets the eligibility criteria. When ordering, make sure there is a check mark in the box that says: 'Automatically refill this prescription from now on with Worry-Free Fills' on the 'Review Your Order' page. Express Scripts will automatically send you your next refill. You can also enroll your eligible prescriptions by calling the toll-free Member Services phone number 1 (866) 544-1798.

Please note that certain medications are not eligible for Worry-Free Fills. The Worry-Free Fills option is not displayed if the medication is not eligible. To find out if any of the prescriptions you are currently taking are eligible for Worry-Free Fills, go to www.Express-Scripts.com, under the 'Manage Prescriptions' menu, choose 'Manage Automatic Refills' to access the Worry-Free Fills program management page.

From the Worry-Free Fills program management page online, you may choose to enroll all current and future medications eligible for the Worry-Free Fills program or just specific medications. This is the same location where you can turn off Worry-Free Fills. You may also enroll or cancel Worry-Free Fills by calling the toll-free Member Services phone number 1 (866) 544-1798.

Canceling Worry-Free Fills

You may remove a prescription from the Worry-Free Fills program at any time without cancelling the current order through the Worry-Free Fills program management page (described above) and clicking on the "Turn off Worry-Free Fills for this Prescription" link next to the medication you want to remove from Worry-Free Fills or call the toll-free Member Services phone number 1 (866) 544-1798.

Removing a prescription from the Worry-Free Fills program will not cancel the pending order. However, you will need to order any subsequent refills online, call 1 (866) 544-1798, or mail in a refill slip with an order form.

See the Appendix for Frequently Asked Questions (FAQs) for Worry-Free Fills if you require more information.

IMPORTANT NOTE:

If you are no longer taking a prescription or your dosage has changed, it is important that you contact Express Scripts immediately to turn off automatic refills to avoid any unnecessary fills and wasted medication. Even though you may only be paying a small copayment for your prescription, the actual cost for the medication is likely to be hundreds, if not thousands of dollars charged to the State.

Notify Express Scripts immediately to help avoid wasteful spending and unwanted medications by turning off Worry-Free Fills when no longer needed.

Retail Pharmacy Program

You can use a participating retail pharmacy for short-term prescriptions (such as antibiotics to treat infections) or other non-maintenance medications (such as sleep agents and pain relief). You may obtain up to a 31-day supply of covered medication for each prescription or refill. Be sure to show your Express Scripts member ID card at the pharmacy and pay your retail copayment for each prescription.

You may fill maintenance or long-term prescriptions at the retail pharmacy for up to three fills (one initial fill plus two refills). For additional fills, the plan requires you to fill maintenance or long-term prescriptions through the mail order program. If you choose to fill your maintenance or long-term prescriptions at the retail pharmacy after the three fills allowed by the plan, you will be responsible for 100% of the medication's cost unless you elect to opt-out of mail order (please see Mail Order Opt-Out Program section for more information).

If the total cost for your prescription is less than the applicable copayment, you will pay the lesser cost. At the point of sale, your payment will not be greater than the Usual and Customary (U & C) price of the participating pharmacy. The U & C price means the usual and customary retail price charged by a participating pharmacy to individual retail customers in the ordinary course of business for a prescription or refill. In those instances where your copayment would otherwise be greater than the U & C Price of the participating pharmacy, you will pay only the U & C cost.

Participating pharmacy means a retail pharmacy that has entered into an arrangement with Express Scripts to participate in Express Scripts' Network. The network of participating pharmacies that comprises Express Scripts' network may be modified from time to time. To find a participating Express Scripts pharmacy go to www.Express-Scripts.com under the 'Manage Prescriptions' menu, choose the 'Locate a Pharmacy' link or call Express Scripts Member Services at 1 (866) 544-1798.

A non-participating pharmacy is a licensed retail pharmacy that is not a participating pharmacy. If you use a non-participating retail pharmacy, you must pay the entire cost of the prescription and then submit a reimbursement claim to Express Scripts by completing the Express Scripts Coordination of Benefits/Direct Claim Form. This form is found at http://www.Express-Scripts.com under the 'Health & Benefits Information' menu. Select 'Print & Request Forms & Cards' from the drop down menu. The form can be requested by calling Express Scripts Customer Service at 1 (866) 544-1798. Claims must be submitted within 365 days of the prescription purchase date.

When you use a non-participating pharmacy, you will be reimbursed the amount the drug would have cost at a participating retail pharmacy, minus your retail copayment.

To find a participating retail pharmacy near you:

- Log-on to www.Express-Scripts.com, under the 'Manage Prescriptions' menu, choose the 'Locate a Pharmacy' link.
- Ask at your retail pharmacy whether it participates in the Express Scripts network.

Express Scripts Specialty Pharmacy Program

Accredo specialty pharmacy is a mail order facility dedicated to dispensing specialty medications. Some conditions, such as multiple sclerosis, Hepatitis C, rheumatoid arthritis, cystic fibrosis, infertility, pulmonary hypertension, RSV prophylaxis, Gaucher disease, and growth hormone deficiency, are treated with specialty drugs. Specialty drugs means those pharmaceutical products that are generally biotechnical in nature, with many requiring injection, or other non-oral methods of administration, and that have special shipping or handling requirements.

Members who are eligible for services through Accredo will receive support from pharmacists and nurses who are trained in specialty medications, their side effects, and the conditions they treat. Also, because many of these medications require injection or special handling, members will receive:

- Expedited shipping of specialty medications to their home or doctor's office, where allowable by law.
- Supplemental supplies, such as needles and syringes, that are needed to administer the medication.
- Scheduling of refills and coordination of services with home care providers, case managers, and doctors or other healthcare professionals.

All specialty medications will be provided by Accredo Health Group, Inc., through Express Scripts Specialty Pharmacy Program and require Prior Authorization. If you are prescribed a specialty medication you should contact Express Scripts Specialty Pharmacy at 1 (800) 803-2523. Emergency or urgent supplies may be filled at the retail pharmacy only by contacting Express Scripts Specialty Pharmacy at 1 (800) 803-2523.

Your copayments are determined by the day supply dispensed for specialty prescriptions. If your prescription is filled monthly or more frequently (a 31-day supply or less), the retail pharmacy copayment will apply. If your prescription can be filled for more than a 31-day supply, the mail order copayment will apply.

For additional information, call the Express Scripts at 1 (800) 803-2523. If your provider needs to contact Accredo directly, they can call Accredo at 1 (800) 987-4904 (option 5) or they can fax a specialty prescription to 1 (800) 391-9707.

Other Important Pharmacy Program Information

The Generic Drug Advantage

Generic drugs may have unfamiliar names, but they are safe and effective substitutes to brand name medications without the brand name cost. There are two types of generic medications: generic equivalents and generic alternatives.

- A generic equivalent is a medication that contains the same active ingredient and strength as the brand name drug.
- A generic alternative is a medication that contains a different active ingredient then the brand name drug but is clinically proven to treat the same condition.

Both types of generic medications are manufactured according to the same federal regulations.

Prescriptions filled with generic drugs often have a lower copayment. Therefore, you may be able to obtain the same health benefits at a lower cost. You should ask your doctor, or pharmacist, whether a generic equivalent or alternative drug would be right for you. You may be able to receive the same treatment results and reduce your expenses.

See the Appendix for Frequently Asked Questions (FAQs) on Generic Medications if you require more information.

Medications Preferred By Your Plan Design

The State of New Hampshire's prescription drug benefit program includes a list of prescription drugs, called the National Preferred Formulary, that are preferred by Express Scripts because of their safety,

clinical effectiveness and ability to help control prescription drug costs. This drug list has a wide selection of generic and brand-name medications that have been evaluated for inclusion by a panel of physicians and pharmacists. The drug list may be modified by Express Scripts from time to time as a result of factors including, but not limited to, medical appropriateness, manufacturer rebate arrangements, and patent expirations.

On an annual basis, Express Scripts makes modifications to their National Preferred Formulary. These changes are based on recommendations from the panel of physicians and pharmacists who continually review and compare the medications, including new drugs and generics. As a result, some safe and effective drugs become "preferred" and others may become "non-preferred." If a change to the formulary results in an increased copayment or a change in coverage, Express Scripts will communicate the changes with you as well as participating pharmacies and/or physicians. At that time, you will be provided with a more cost effective preferred option to your medication. You should talk to your provider to determine which medication is right for you. If your provider determines that you must continue taking the non-preferred brand, you will be responsible for the higher copayment amount.

Express Scripts also determines if medications are excluded from the formulary drug list. A list of these medications can be found on www.Express-Scripts.com, under the Benefit & Account Notifications box at the bottom of the home page. In most cases, if you fill one of these prescriptions, you will be responsible to pay the full retail cost of the drug. The list of excluded medications is subject to the same annual review and notification process as mentioned above. If your provider believes that your treatment requires one of the excluded medications, a prior authorization is required. To initiate the prior authorization process, ask your provider to contact Express Scripts at 1 (800)753-2851.

For additional information about Express Scripts' formulary, go to www.Express-Scripts.com, under the 'Manage Prescriptions' menu, select the 'Price a Medication' link or call Express Scripts toll-free at 1 (866) 544-1798.

Generic Step Therapy

For certain brand-name medications, your plan requires you to try a generic equivalent medication, or front-line drug, first before your fill the more expensive brand name drug. Brand-name medications, or back-up drugs, will be covered under your plan if your prescription history shows within a specific time period that you have tried a generic equivalent. This is called Generic Step Therapy.

Generic Step therapy is a program for people who take prescription drugs regularly to treat a medical condition, such as arthritis, asthma or high blood pressure. It allows you and your family to receive the affordable treatment you need and helps the State minimize prescription drug costs.

In step therapy, drugs are grouped in categories, based on treatment and cost:

- Front-line drugs — the first step — are generic and sometimes lower-cost brand drugs proven to be safe, effective and affordable. In most cases, you will be required to try these drugs first because they usually provide the same health benefit as a more expensive drug, at a lower cost.

- Back-up drugs — Step 2 and step 3 drugs — are brand-name drugs that generally are necessary for only a small number of patients. Back-up drugs are the most expensive option.

Always talk with your doctor to determine if the generic equivalent is appropriate for you. If your doctor determines the generic is not effective for you because of a medical condition or allergy, or you have tried the recommended generic equivalent in the past with unsuccessful results, ask your doctor to contact Express Scripts at 1 (800) 753-2851 to request a Prior Authorization (PA).

If the PA is approved, the brand-name medication, as prescribed by your doctor, will be covered and you will be charged the applicable brand-name copayment. If the PA is not approved, you will be required to

pay the full cost of the brand-name medication or you can consider changing to an equivalent generic upon further discussions with your doctor. Please note the additional cost you pay will not apply toward your calendar year out-of-pocket maximum.

The first time you submit a prescription that has a generic equivalent available and is subject to step therapy, you will be informed by the pharmacy that you need to first try a front-line drug if you don't want to pay full price for your prescription drug.

To receive a front-line drug:

- Ask your pharmacist to call your doctor and request a new prescription for a front-line drug, or
- Contact your doctor to get a new prescription for a front-line drug.

Only your doctor can change your current prescription to a front-line drug or request a prior authorization for the medication to be covered by your program.

For additional information about Express Scripts' formulary drugs that require step therapy, go to www.Express-Scripts.com, under the 'Manage Prescriptions' menu, select the 'Price a Medication' link or call Express Scripts toll-free at 1 (866) 544-1798.

See the Appendix for Frequently Asked Questions (FAQs) on Generic Step Therapy if you require more information.

Prior Authorization Requirements

Prior authorization is a program that helps you get prescription drugs you need with safety, savings and – most importantly – your good health in mind. It helps you get the most from your healthcare dollars with prescription drugs that work well for you and that are covered by your prescription benefit. It also helps control the rising cost of prescription drugs for everyone in your plan.

The program monitors certain prescription drugs and their costs so you can get the right medication at the right cost. It works much like healthcare plans that approve certain medical procedures before they're done, to make sure you're getting tests you need. If you're prescribed a certain medication, it may need a prior authorization. A prior authorization makes sure you're getting a cost-effective prescription drug that works for you.

For instance, prior authorization ensures that covered medications are used for treating medical problems rather than for other purposes.

Example: A medication may be in the program because it treats a serious skin condition, but it could also be used for cosmetic purposes, such as reducing wrinkles. To make sure your medication is used to treat a medical condition and promote your health and wellness, your plan may cover it only when a doctor prescribes it for a medical problem.

Express Scripts consults with your medical professional. If you're told that your prescription needs a prior authorization, it simply means that more information is needed to determine if your medication can be covered. Only your doctor (or sometimes a pharmacist) can provide this information and request a prior authorization.

Your plan requires prior authorization for the following prescription medications:

- Erythroid stimulants
- Injectable Fertility agents (except Oral Fertility Medications)
- Growth hormones
- Interferon agents
- Multiple sclerosis agents

- Myeloid stimulants
- Platelet Proliferators
- Injectable Rheumatoid Arthritis Agents
- Xolair
- Raptiva
- Tysabri
- Apokyn
- Wellbutrin and its generics
- Botox and Myobloc for non-cosmetic purposes

If you submit a prescription for a medication that requires prior authorization, your pharmacist will tell you that approval is needed before the prescription may be filled. The pharmacist will recommend that you ask your doctor to call the toll-free number 1 (800)753-2851 to request a prior authorization approval. If you use the Mail Order Program, your doctor will be contacted directly.

When a prior authorization is triggered, more information is needed to determine whether your use of the medication meets your plan's coverage conditions. You and your doctor will be notified of the decision in writing. If coverage is approved, the letter will indicate the amount of time for which coverage is valid, typically not more than one year or twelve (12) months. If coverage is denied, an explanation will be provided, along with instructions on how to submit an appeal.

Only your doctor can request or renew a prior authorization for the medication to be covered by your program.

For additional information about Express Scripts' formulary drugs that require prior authorization, go to www.Express-Scripts.com, under the 'Manage Prescriptions' menu, select the 'Price a Medication' link or call Express Scripts toll-free at 1 (866) 544-1798.

See the Appendix for Frequently Asked Questions (FAQs) on Prior Authorizations if you require more information.

Quantity Limits

Your plan includes quantity limits for certain medications limiting the amount of medication for which your plan will pay. Quantity limits help to ensure you receive your medications in amounts approved by the U.S. Food and Drug Administration to safely and effectively treat your condition(s). It helps to address patient safety concerns and prevent potential for abuse and misuse. To verify if the medication being prescribed by your doctor has a quantity limit visit Express Scripts at www.Express-Scripts.com or call Express Scripts toll-free at 1 (866) 544-1798.

The limits do not prevent you from obtaining additional quantities as prescribed by your doctor. Your plan will pay for additional quantities if your doctor documents that they are clinically appropriate for treatment. If your prescription exceeds the quantity limits allowed by the plan, talk with your doctor to determine what quantities are effective for treatment. Ask your doctor to call Express Scripts at 1 (800)753-2851 to request a Prior Authorization (PA) if he/she determines additional medication is appropriate.

If the PA is approved, the additional quantity as prescribed by your doctor may be obtained and you will pay the applicable copayment for the additional medication. If the PA is not approved, you will pay 100 percent of the cost for the additional quantities if you choose to obtain the additional supply at a retail pharmacy location. Please note the additional cost you pay will not apply toward your calendar year out-of-pocket maximum.

For additional information about Express Scripts' formulary drugs that require quantity limits, go to www.Express-Scripts.com, under the 'Manage Prescriptions' menu, select the 'Price a Medication' link or call Express Scripts toll-free at 1 (866) 544-1798.

Coverage of Preventive Medications

Under the Affordable Care Act (ACA), commonly known as health care reform, certain preventive medications, including over-the-counter (OTC) medications, are covered without charging a copayment, coinsurance or deductible. Your plan, in consultation with Express Scripts, has developed a list of medications and criteria (i.e., gender and age) to support preventive medication requirements based on the recommendations of the U.S. Preventive Services Task Force (USPSTF) and the Centers for Disease Control and Prevention (CDC) to be covered under the pharmacy benefit.

Your plan will provide medications in the drug categories listed below at no-cost share ($0 copayment) specific to age and gender requirements of the ACA*. All medications require a prescription, including over-the-counter medication.

Drug or Drug Category	Criteria
Aspirin (to prevent cardiovascular events)	Men ages 45 to 79 years and women ages 55 to 79 years Generic OTC < or = to 325mg
Aspirin for Preeclampsia	Women < 55 years Generic only, low dose 81 mg, after 12 weeks gestation in women at high risk for preeclampsia
Fluoride	Children older than 6 months of age through 5 years old Generic only (OTC and prescription products)
Folic Acid	Women through age 50 years Generic only (OTC and prescription products) 0.4 – 0.8 mg
Iron Supplements	Children ages 6 months to 12 months who are at risk for iron deficiency anemia Generic only (OTC and prescriptions products)
Smoking Cessation	Age limit 18 or older. Prior Authorization required for Wellbutrin and its generics, as these medications are not approved by the FDA for tobacco treatment. Generic prescriptions, generic OTC medications including patches and gum and Chantix.
Vitamin D	Men and Women ages 65 or older Generic OTC and prescription products
Women's Preventive Services & Contraception Coverage	Women through age 50 1) Barrier contraception – i.e. cervical caps, diaphragms 2) Hormonal contraception (generic and select brands) - oral, transdermal, intravaginal, injectable 3) Emergency contraception 4) Implantable medications 5) Intrauterine contraception 6) OTC barrier contraceptive methods (with a prescription)
Breast Cancer Primary Prevention (Tamoxifen or Raloxifene)	High-risk women age 35 or older who do not have breast cancer or have never been diagnosed with breast cancer, ductal carcinoma in situ (DCIS), or lobular carcinoma in situ (LCIS) and with an estimated 5-year risk of 3% or greater (based on breast cancer risk model estimates). Physician must request review process to determine eligibility for $0 cost share.
Bowel Preparation for Colonoscopy Screening	Men and women ages 50 through 75 years. Generic and brand prescription and OTC preparations. Two prescriptions per 365 days.
Immunizations/Vaccinations	Recommended ages per Advisory Committee on Immunization Practices

*The government guidelines are updated periodically to reflect new scientific and medical advances, so this list may be subject to change.

For additional information about Express Scripts' formulary drugs that have a $0 copay, go to www.Express-Scripts.com, under the 'Manage Prescriptions' menu, select the 'Price a Medication' link or call Express Scripts toll-free at 1 (866) 544-1798.

Appeal Administration

When a member or physician requests an appeal and additional information is provided, it is reviewed and evaluated by the Express Scripts Appeals Unit to determine if the drug use meets coverage conditions specified or intended by the State of New Hampshire Prescription Drug Program according to the procedures set forth below.

Appeal decisions are made by a pharmacist, prescription benefit specialist or panel of clinicians. The Express Scripts appeal unit may also decide to forward a first level or second level appeal to a third party utilization management company (Independent Review Organization) for review and decision. Appeal procedures apply to appeals of adverse benefit determinations based on medical necessity, appropriateness or effectiveness of a covered benefit.

The external review coordination procedures apply to appeals of adverse benefit determinations based on medical necessity, appropriateness or claims involving medical decision making after all internal levels of appeal process have been exhausted.

Appeals Related to Eligibility
Appeals related to eligibility to participate in the plan and related to plan design are coordinated by State of New Hampshire Division of Personnel at:

State of New Hampshire
Division of Personnel
28 School Street
Concord, NH 03301-6313

Phone: (603) 271-3262
FAX: (603) 271-1422
TDD Access: Relay NH 1-800-735-2964

Rescission of Coverage
Rescission of Coverage is subject to the same rescission of coverage provisions in the medical plan benefit booklet. Express Scripts completes appeals per business policies that are aligned with state and federal regulations. Appeal decisions are made by an Express Scripts Pharmacist, Physician, and panel of clinicians or independent third party utilization management company.

Submitting a Request for Appeal
Other than appeals related to eligibility to participate in the plan, written requests for appeal should be mailed to:

Express Scripts
6625 W 78th St
Bloomington, MN 55439

Attn: Appeals Team

If you have questions about the appeals process, call the toll-free Member Services phone number on the back of your Express Scripts member ID card or 1 (866) 544-1798.

Level 1 Appeals
To initiate a level 1 appeal, a Plan Participant (all references to Participant in the Appeals section of this Benefit Booklet include the Employee and/or covered Dependents) must submit a written request for an appeal to Express Scripts within one hundred eighty (180) days of receipt of a notice of denial of medication(s) under the Plan. The Participant must tell, or present evidence, e.g. documents, and testimony to, Express Scripts the reason why the denial should be overturned and include any information supporting the appeal. Express Scripts will evaluate or forward the appeal request and all accompanying information to the appropriate review entity.

For standard cases, the Participant will receive in writing within one (1) working day an acknowledgement of receipt of the appeal request which includes allowance of five (5) business days for the Participant to submit any additional information. The acknowledgement letter will also contain the contact information for the person who is handling the appeal.

Level 2 Appeals
To initiate a level 2 appeal, a Plan Participant must submit a written request for an appeal to Express Scripts within ninety (90) days of receipt of an adverse determination of a Level 1 appeal under the Plan. The Participant must tell, or present evidence, e.g. documents, and testimony to, Express Scripts demonstrating the reason why the denial should be overturned and include any information supporting the appeal. Express Scripts will evaluate or forward the appeal request and all accompanying information to the appropriate review entity. Express Scripts completes appeals per business policies that are aligned with state and federal regulations. Appeal decisions are made by an Express Scripts Pharmacist, Physician, a panel of clinicians, or independent third party utilization management company.

For standard cases, the Participant will receive in writing within one (1) working day an acknowledgement of receipt of the appeal request which includes allowance of five (5) business days for the Participant to submit any additional information. The acknowledgement letter will also contain the contact information for the person who is handling the appeal.

Time frames for Processing Appeals of Pharmaceutical Adverse Determinations

Standard Appeals: Standard, non-expedited Level 1 appeals involving the review of a denial of coverage for medication requests will be completed within 15 calendar days for pre-service appeals and 30 calendar days for post-service appeals. The appeal review period may be extended for a maximum of ten (10) calendar days if:

1) there is reasonable cause beyond the reviewer's control for the delay;
2) can show that the delay will not result in increased medical risk to the Participant; and
3) provide a written progress report to the Participant and the related provider within the forty (40) day review period. Participants must agree, in writing, to a request to extend a deadline.

Expedited Appeals: Some appeals of denials relating to claims involving urgent pharmaceutical care are processed on an expedited basis. Expedited decisions are made when:

- a Participant's life or health or ability to regain maximum function would be jeopardized by following the standard appeal process and time frames; or
- in the opinion of an attending provider with knowledge of the Participant's medical condition, delay would subject the Participant to severe pain that cannot be adequately managed without the care or treatment that is the subject of the claim.

Provider Requests
In cases that require an expedited decision of a medication request, based at the request of an attending provider, a decision will be made within seventy-two (72) hours of the receipt of the request or more rapidly depending on medical exigencies.

Participant Requests
If a Participant requests an expedited decision, the request will be reviewed. If it is determined that the request for an expedited appeal is medically necessary, a decision will be made within seventy-two (72) hours of the request or more rapidly depending on medical exigencies. All required information will be transmitted between the reviewer, the applicable provider, and the Participant by the quickest means possible. If it is determined that a request for an expedited appeal is not medically necessary, the Participant will be notified and the appeal processed within fifteen (15) calendar days.

Internal Review of Appeal of Adverse Determination
Clinical appeals (claims involving medical judgment) will be reviewed by an Express Scripts Pharmacist, Physician, panel of clinicians or independent third party utilization management company. The reviewer will represent the same or similar specialty of the prescribing physician and/or with training and experience in the relevant field, not involved in the initial determination, nor by a subordinate of the person resolving the claim initially or who has any conflict of interest. Administrative appeals (no medical decision making) will be reviewed by an Express Scripts pharmacist consultant not involved in the initial determination, nor by a subordinate of the person resolving the claim initially or who has any conflict of interest. The consultant will re-review the request to make a determination regarding whether the requested health care services are medically necessary and/or covered under the Plan.

Notice of Decision on Appeal of Adverse Determination
If the reviewer consultant decides to reverse an initial adverse determination, the reviewer will approve coverage of the medication. The applicable Participant and the applicable provider will be notified by mail or electronic means (fax) within seventy-two (72) hours of such decision. If the reviewer consultant decides to uphold an initial adverse determination, the applicable Participant and the applicable provider will be notified that the adverse determination has been upheld by written or electronic means within seventy-two (72) hours of such decision. Written notification must be provided in a linguistically appropriate manner. The Participant will be given appeal rights to pursue an External Review. Where there is an ongoing course of treatment that is the subject of the denied claim and an internal appeal, the plan will not reduce or terminate coverage of the treatment pending the outcome of the appeal.

External review
If the Participant is dissatisfied with any internal appeals decision for clinical claims (claims involving medical decision making), the Participant may request an external review by an Independent Review Organization (IRO) as defined by Applicable Law.

An IRO is an independent review organization, external to the State of New Hampshire and Express Scripts, that utilizes independent physicians with appropriate expertise to perform external reviews of appeals. The IRO will, with respect to claims involving investigational or experimental treatments, ensure adequate clinical and scientific experience and protocols are taken into account as part of the External Review process. In rendering a decision, the IRO will consider any appropriate additional information submitted by the Participant and will follow the plan documents governing the Participant's benefits.

For claims involving urgent care, a Participant may request an expedited external review if the adverse benefit determination involves:

- a medical condition of the Participant for which the regular time frame would seriously jeopardize the life or health of the Participant or would jeopardize the Participant's ability to regain maximum function, and
- the Participant filed a request for an expedited internal appeal;

Or, if the final internal adverse benefit determination involved:

- a situation where the Participant had a medical condition where that time frame would pose such jeopardy, and

- if the final internal adverse benefit determination concerned an admission, availability of care, continued stay or health care service for which the Participant received emergency services and was not discharged from a facility.

Individuals in urgent care situations and individuals receiving an ongoing course of treatment may proceed with an expedited external review by an IRO at the same time as the internal review process occurs.

There are no fees or costs imposed on a Participant for the external review of an appeal.

The Participant's decision as to whether or not to submit a denied appeal for external review will have no effect on the Participant's rights to any other benefits under the Plan.

When an appeal is denied by Express Scripts or a reviewer consultant, the Participant will receive a letter that describes the process to follow if the Participant wishes to pursue an external review of an appeal through an IRO.

If a Participant files a request for an external review of an appeal with an IRO:

- The external review may only be requested after exhaustion of the required Internal Appeal procedures under the Plan, unless an expedited external review of a claim involving urgent care or an ongoing course of treatment is requested. Accordingly, the Participant must first submit an appeal with Express Scripts and receive a denial of appeal before requesting an external review of an appeal with an IRO.
- After a Participant receives a denial of an appeal, the Participant must submit the request for external review of appeal with an IRO in writing within 4 months from the date of receipt of the adverse benefit determination, extended to the next working day if the date falls on a weekend or federal holiday.
- The IRO will forward a copy of the final appeal denial letter and all other pertinent information that was reviewed in the appeal to the IRO. The Participant may also submit additional information to be considered. For standard non-expedited appeals, the Participant will have ten (10) business days to submit additional information to the IRO.
- Within five days after receipt of the request for external review, the Plan will complete a preliminary review to determine if the Participant was covered under the Plan at the time the service was requested or provided; whether the adverse benefit determination relates to the Participant's failure to meet the eligibility requirements of the Plan; whether the Participant has exhausted the Plan's internal appeal process; and whether the Participant has provided all of the information and forms required to process an external review. Within one business day after completion of this preliminary review, the Plan will provide the Participant written notification giving any reasons for the ineligibility of the request for external review and describing the information or materials required, and the Plan will allow the Participant to perfect a request for external review within the four month filing period or within the 48 hour period following receipt of the notification, whichever is later.
- The Participant will be notified of the decision of the IRO within 45 days of the receipt of the request for the external review of an appeal for standard, non-urgent claims. The IRO's decision will include:

  a) A general description of the reason for the request for external review;

  b) The dates the IRO received the assignment to conduct the external review and the date of their decision;

  c) Reference to the evidence or documentation, including specific coverage provisions and evidence-based standards, considered in reaching their decision, taking into account

adequate clinical and scientific experience and protocols with respect to claims involving experimental of investigative treatments;

d) A discussion of the principal reason or reasons for its decision, including the rationale for its decision;

e) A statement that judicial review may be available; and

f) Current contact information, including the phone number for any ombudsman established under the PHS Act.

g) In the event of an expedited external appeal for claims involving urgent care, the IRO will make the decision as expeditiously as the Participant's medical condition or circumstances require, but in no event more than 72 hours after the IRO receives the request for an expedited external review and, if the notice is not in writing, within 48 hours after the date of providing the verbal notice, the IRO will provide written confirmation of the decision to the Participant and the Plan. Written notice must be provided in a linguistically appropriate manner. The notice will provide the opportunity to request diagnosis and treatment codes and their meanings.

h) The decision of the IRO will be binding on the Participant as well as the Plan, except to the extent there may be other remedies available under state law.

- The statute of limitations or other defense based on timeliness is suspended during the time that an external review of your appeal is pending.

Experimental or Investigational Services/Treatment Exclusions
Experimental or investigational services/treatments are not covered benefits. Experimental/investigational means any treatment, procedure, facility, equipment, drug, device or supply not accepted as standard medical practice in the state services are provided. In addition, if a federal or other governmental agency approval is required for use of any items and such approval was not granted at the time services were administered, the service is experimental.

To be considered standard medical practice and not experimental or investigational, treatment must meet all five of the following criteria:

1. A technology must have final approval from the appropriate regulatory government bodies;
2. The scientific evidence as published in peer-reviewed literature must permit conclusions concerning the effect of the technology on health outcomes;
3. The technology must improve the net health outcome;
4. The technology must be as beneficial as any established alternatives; and
5. The improvement must be attainable outside the Investigational settings.

Coordination of Benefits

Coordination of Benefits is the process in which two or more health insurers cover the same person(s) but limit the total benefit payable for a claim to an amount not exceeding the total cost of the claim. If any covered dependents have primary prescription drug coverage through another employer-sponsored plan, Medicaid or Medicare, you have the ability to submit deductibles, copayments, or co-insurance not covered by the primary plan for reimbursement under this plan. Reimbursement will be provided for covered drugs as outlined in the "What is Covered" section of this Benefits Booklet and subject to any plan design limitations.

Reimbursement should be requested by completing the Express Scripts Prescription Drug Reimbursement/Coordination of Benefits Claim Form found on www.Express-Scripts.com under the Health & Benefits Information menu. Select 'Print & Request Forms & Cards' from the drop down menu. The form can be found and printed under the 'Claim forms for retail pharmacy purchases' section. You may also have a form mailed to you by calling Member Services at 1 (866) 544-1798.

You must first submit the claim to the primary insurance carrier. Once the statement from the primary plan is received from the primary carrier, complete the Prescription Drug Reimbursement/Coordination of Benefits Claim Form, tape the original prescription receipts in the spaces provided at the top of this page, and attach the statement from the primary plan, which clearly indicates the cost of the prescription and what was paid by the primary plan.

Return the completed Prescription Drug Reimbursement/Coordination of Benefits Claim Form and receipt(s) to:

Express Scripts ATTN: Commercial Claims
P.O. Box 2872
Clinton, IA 52733-2872

You may also fax your claim form to: 1 (608) 741-5475

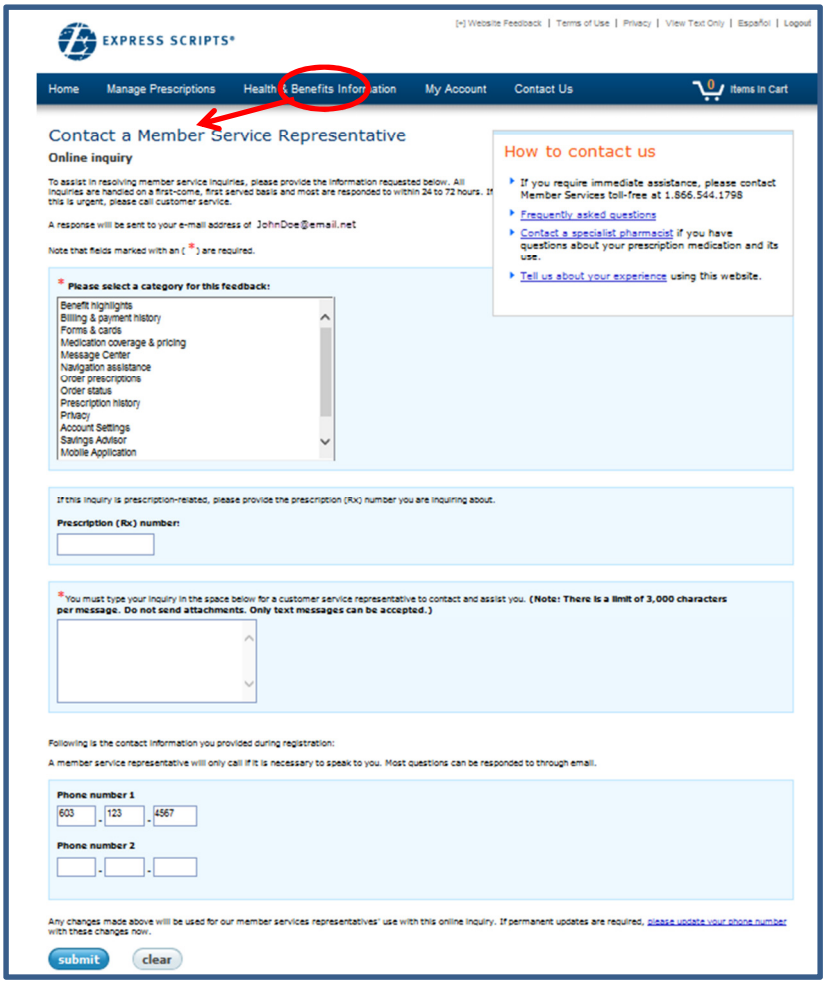
For further information on Coordination of Benefits or for an explanation on the reimbursement of a claim, please call the Member Service at 1 (866) 544-1798.

Express Scripts Contact Information

Express Scripts Member Services
Express Scripts Member Services is available 24-hours a day, 7-days a week by calling toll-free 1 (866) 544-1798.

Express Scripts' Telecommunications Device (TDD)
TDD assistance is available for hearing-impaired members by calling 1 (800) 759-1089.

You can send Member Services a secure email through www.Express-Scripts.com. See the insert below on how to access the online inquiry page.



Other helpful toll-free phone numbers mentioned throughout this Benefits Booklet:

- Express Scripts' Select Active Choice (Mail Order Opt-Out) Program: 1 (877) 603-1032
- Express Scripts' Prior Authorizations Department:1 (800) 753-2851
- Express Scripts' Prescription Form (Provider Only) Fax: 1 (800) 837-0959
- Express Scripts' Prescriber Assistance: 1 (888) 327-9791
- Express Scripts' Specialty Pharmacy, Accredo: 1 (800) 803-2523
- Express Scripts' Specialty Pharmacy, Accredo (for Providers): 1 (800) 987-4904, option 5
- Express Scripts' Specialty Pharmacy FAX, Accredo FAX: 1 (800) 391-9707
- Express Scripts' self-service payment application (automated system only): 1 (800) 948-8779

The Frequently Asked Questions link is found on the bottom of the www.Express-Scripts.com Home Page after you log-on to your personal account. From the Frequently Asked Questions page, you can access the Help Center for several different accessibility resources and methods to contact Express Scripts Member Services. Member Services can also help connect you to language translation and interpreter service.

You can also learn more about your prescription benefits through the State of New Hampshire's website at http://www.admin.state.nh.us/hr/health_benefits_active.html.

Other Things You Should Know

- **Drugs and your safety**
  The risks associated with drug-to-drug interactions and drug allergies can be very serious. Express Scripts will check for potential interactions and allergies, whether you use the Mail Order Program or the Retail Program. Express Scripts will also send this information electronically to participating retail pharmacies.

- **Express Scripts may contact your doctor about your prescription**
  If you are prescribed a drug that is not on the preferred drug list but an alternative preferred drug exists, Express Scripts may contact your doctor to ask whether that drug would be appropriate for you. Please be assured that your doctor will always make the final decision on all your medications. If your doctor agrees to use a plan-preferred drug, you will generally save money.

- **Express Scripts protects your privacy**
  Because your privacy is important, Express Scripts complies with federal privacy regulations. They use health and prescription information about you and your dependents only to administer the State of New Hampshire's prescription drug plan and to fill your mail order prescriptions.

APPENDIX

Frequently Asked Questions (FAQs) for the following topics:

- Mail Order Pharmacy
- Packaging and Shipping of Mail Order Medications
- Worry-Free Fills
- Generic Medications
- Generic Step Therapy
- Prior Authorizations
- Controlled Substances

FAQs about Mail Order Pharmacy

Q: How should my doctor write my home delivery prescription?

A: To maximize your savings, ask your doctor to write your prescription for a 90-day supply with refills when appropriate instead of 30-day supply with refills.

It is important to ask for a 90-day supply, as opposed to a 30-day supply, in order to receive up to 90 days of medication for one home delivery co-payment. Please note that you will be charged a home delivery co-payment regardless of the number of days' supply written on the prescription, so make sure your doctor has written the prescription for 90 days.

Please note that the actual quantity and/or days' supply may vary for each drug. Your doctor's instructions on how to take the medication, state and federal dispensing guidelines, or how the medication is packaged may impact the quantity and/or days' supply you can receive.

Q: How long does it take to get my medications when I use home delivery?

A: First-time orders will usually be delivered within 8 to 11 days after Express Scripts receives your order. Refills usually arrive in less time. Refills ordered online are usually delivered within 3 to 5 days after Express Scripts receives your order. For refills mailed in, please allow 6-9 days.

Renewals ordered online will usually be delivered in 5-8 days once Express Scripts receives your physician's approval of the renewal prescription. Mailed-in renewals will usually arrive in 7-11 days, once your order is received.

New and renewal prescriptions faxed from your doctor will usually be delivered in 5-8 days. Please allow 24-48 hours for the prescription to appear online once your doctor has faxed in the prescription.

The best time to reorder is when you have about a 14-day supply of your medication remaining. This will help ensure that you receive the medication you need, when you need it.

Estimates for shipping may change if the order is processed differently than expected or if the delivery method is changed while the prescription is in process. The most up-to-date status is provided online as soon as it is available.

Note: Certain medications, including many drugs prescribed for narcolepsy, attention deficit disorder, and pain management, are mailed via expedited delivery, and require a signature upon delivery.

Q: How are medications shipped?

A: Most medications are shipped via the U.S. Postal Service at no cost to you. Medications containing

certain controlled substances are shipped United Parcel Service (UPS). If necessary, you can request express shipping. Express shipping is also available for an additional fee.

Q: What if I need to speak with a pharmacist?

A: Express Scripts' registered pharmacists are available 24 hours a day, seven days a week to answer any questions about your medications. Please call the toll-free number for Express Scripts Member Services at 1 (866) 544-1798.

Q: How do I pay for my prescriptions?

A: If you mailed your prescription to Express Scripts, you can enclose your payment with your order or you can be billed. If you used Express Scripts' online services, you will be prompted for credit card information online or you can be billed. For your convenience, Express Scripts offers auto-charge, which allows you to place a credit card on file. When you enroll, Express Scripts will automatically charge any orders covered under your member number (all covered household members) to the card of your choice: American Express, Diner's Club, Discover® Network, MasterCard or Visa. To enroll, just call 1 (800) 948-8779, or select this option online when you place an order for a refill or renewal of a current prescription. Your credit card information is secured using the latest advances in commercially available security products.

Q: When my doctor faxes you a prescription, what happens to it?

A: When Express Scripts receives a faxed prescription from a doctor, they first make sure that the prescription is coming from a secure fax machine associated with a prescriber listed in their database. A secure fax machine is restricted from public access and is generally within a controlled area in the doctor's office. Express Scripts' system automatically checks the incoming fax number against their database of recognized prescribers.

If Express Scripts cannot determine the security of the fax line or if the incoming fax number cannot be matched against a prescriber in their database, then they contact the doctor's office to verify your prescription.

Upon verification, the prescription information is entered into their system and processed. If they are unable to verify your prescription, they will attempt to contact you. If two attempts to contact you are unsuccessful, Express Scripts will send you a notification to inform you that they were unable to fill your prescription.

Q: If I am going to be out of town for an extended time, how do I get an extra supply of drugs to cover me through that period?

A: If you are going to be out of town for an extended period and need medication, call the toll-free number for Express Scripts Member Services at 1 (866) 544-1798 to request a vacation override once per calendar year. You must provide Express Scripts with the date you are leaving and when you plan to return. You may request up to a two (2) 31-day prescriptions in a retail pharmacy for double the applicable copayment amount. You may request up to a two (2) 90-day prescriptions via the Mail Order pharmacy for double the applicable copayment amount. In some cases, your provider may have to authorize the additional fill.

FAQs about Mail Order Packaging and Shipping

Q: How can I identify a package that arrives from one of your pharmacies?

A: No matter how many packages or parcels you may receive, you can always feel confident knowing which are from the Express Scripts' home delivery pharmacy. Just look in the upper left-hand corner of the shipping label to find the name MHS Services.

Q: How will my medications be packaged?

A: In most cases, Express Scripts uses heat- or glue-sealed plastic pouches, or "poly bags," to protect the prescription orders that they send from their pharmacies. This protective packaging enables them to fulfill their goal of delivering medications safely to members, and it has met the laboratory test standards set by the International Safe Transit Association. It works well with the automated packaging process used by the Express Scripts Pharmacy℠.

When shipping your medications, Express Scripts may also use a gray plastic pouch, a brown or white corrugated box, a padded manila envelope, or an expedited carrier (for example, UPS). All of the packaging Express Scripts uses are "tamper evident," which will help members determine whether their order has been damaged or tampered with during delivery. Express Scripts' "MHS Services" label appears on the side of each package. The label does not display the name "Express Scripts" or indicate that the package contains medications. This is done to protect your confidentiality and to reduce the possibility of theft.

For prescription orders that are breakable, Express Scripts packages them by hand with bubble wrap and places them into corrugated boxes for maximum protection during delivery. Orders that are temperature sensitive require special packaging.

Q: Why are my orders sometimes shipped in two or more packages? Is there a way to keep my orders in one package?

A: When your medication order arrives in two or more packages, it is usually because Express Scripts has shipped it from different Express Scripts pharmacies. They split your medication order and fill it through different Express Scripts pharmacies for several reasons. For instance, a certain pharmacy may be able to provide one or more of your medications more quickly. Or your medications might be stocked at different Express Scripts pharmacies because of special requirements for those medications. (This is often the case with temperature-sensitive medications.) Also, not all Express Scripts pharmacies dispense controlled substances.

Q: How will I know if my order has been shipped in more than one package?

A: If your order has been shipped in more than one package, the invoice statement in each package will explain the situation. You will see a separate invoice number for each package within your order. Go to www.Express-Scripts.com to find out if your order has been divided into two or more shipments by clicking on "Prescription order status". Be assured that all of Express Scripts' pharmacies maintain the same standard of excellence and are dedicated to dispensing your medications safely and quickly.

Q: How do I change my shipping address?

A: When ordering prescription medications, you may choose to receive your order at any address that Express Scripts has on file for you. Simply select the appropriate shipping address displayed from any of the addresses you have listed on your account during checkout. You can also request address changes by calling your toll-free member services number where a customer service representative would be happy to assist you with this change.

NOTE: Please know that you are only changing the address where you will receive medications. You need to contact your benefits or payroll representative at the State of New Hampshire to change your address for your personnel, benefits and payroll records.

Q: I am getting a message that says you do not have an address on file for me. Why might this be? Is there a way I can change this?

A: Mailing addresses initially received by Express Scripts are validated with a member's initial order. In some cases, the reason Express Scripts may not have a mailing address on file is because they may not have received complete mailing information when your benefit coverage began. Other times, you may not have placed an initial order with Express Scripts, which allows them to validate that address. Once an initial home delivery prescription order is placed, the address should remain on file until changed by the member. If Express Scripts does not have a record of an address on file, please contact Express Scripts Member Services at 1 (866) 544-1798 to rectify this situation.

Q: What is your process for shipping temperature - sensitive medications?

A: All drugs Express Scripts dispenses through the mail are reviewed for any unique shipping requirements, based on information from the manufacturer. In some instances, normal shipping procedures can be followed. For other items, Express Scripts will follow special shipping requirements if appropriate.

When prescriptions for temperature-sensitive medications are processed, the medication will automatically be mailed to the patient via (overnight) shipping. Refills requested on Friday, Saturday or Sunday will be shipped on Monday.

Most temperature-sensitive medications are shipped overnight or by 2nd-day air depending on the medication's sensitivity. These medications are shipped via a commercial shipping carrier to a street address that you provide. Please note that commercial carriers cannot deliver to a post office box. No signature is required, so you don't have to be home for delivery. Depending on the medication, a scheduling call may be made, in which case you should arrange to be home to receive the medication or to have it shipped to a relative, friend, or neighbor who will be home. If no scheduling call is needed, please be sure that these medications are retrieved and brought inside on the delivery day.

Temperature-sensitive medications may also arrive in a separate package if ordered with other medications.

Remember, if you ever have any questions regarding your prescription, an Express Scripts pharmacist is available to speak with you.

FAQs about Express Scripts Worry-Free Fills®

Q: What is Worry-Free Fills?

A: Worry-Free Fills gives you the peace of mind of knowing that your medication will be refilled and mailed to you automatically when your prescription is within 10 days of running out. There's no more worrying about ordering medications on time. Express Scripts will even send you an email approximately 2 weeks prior to the refill date to let you know that your refill is about to be processed.

Q: How can I enroll a prescription in the Worry-Free Fills program?

A: For each eligible prescription that you want to have automatically refilled, make sure there is a check mark in the box that says: "Automatically refill this prescription from now on with Worry-Free Fills" on the "Review your order" page. Express Scripts will automatically send you your next refill. You can also enroll your eligible prescriptions by calling your toll-free Member Services phone number.

Please note that certain medications are not eligible for Worry-Free Fills. The Worry-Free Fills option is not displayed if the medication is not eligible.

Q: How can I remove a prescription from or turn off the Worry-Free Fills program?

A: You may remove a prescription from the Worry-Free Fills program at any time without cancelling the current order by visiting the "Order Status" page or "Worry-Free Fills" page and clicking on the "Turn off Worry-Free Fills for this Prescription" link next to the medication you want to remove from Worry-Free Fills or call your toll-free Member Services phone number.

Removing a prescription from the Worry-Free Fills program will not cancel the pending order. However, you will need to order any subsequent refills online, call 1 (866) 544-1798, or mail in a refill slip with an order form.

Q: How can I cancel a pending prescription order if it is enrolled in the Worry-Free Fills program?

A: You may cancel a pending prescription that is enrolled in the Worry-Free Fills program up to 48 hours before your medication is processed by visiting the "Order Status" page or "Worry-Free Fills" page and clicking on the "Cancel Prescription" link. Or you may call your toll-free Member Services phone number. If you choose to cancel a prescription that is enrolled in the Worry-Free Fills program, you will no longer receive automatic refill shipments, even if you have refills remaining. You will need to go to the "Order Center" page online to place a future order for any remaining refills, call 1 (866) 544-1798, or mail in a refill slip with an order form.

Q: Why are some of my medications already checked off for Worry-Free Fills?

A: Express Scripts may have pre-selected your eligible generic medications for enrollment in this program to highlight for you the convenience of automatic refills, while taking advantage of the potential lower costs offered by generics.

You can choose to enroll other eligible medications to take further advantage of the convenience of Worry-Free Fills. Or, if you prefer not to receive automatic refills, you can turn off Worry-Free Fills for these medications at any time.

Q: Are all my prescriptions eligible for Worry-Free Fills?

A: A prescription is eligible for the Worry-Free Fills program if: 1) it is dispensed by the home delivery Express Scripts Pharmacy℠, 2) you have taken the medication for a minimum of 30 days, 3) the prescription will not expire before your next refill and 4) it is for at least a 56 day supply. Certain drugs, such as controlled substances, over-the-counter medications, and specialty drugs, are not eligible for the Worry-Free Fills program.

Q: What happens when my current prescription runs out and I have no more refills?

A: As part of the services of the Worry-Free Fills program, the Express Scripts Pharmacy will contact your doctor when you are out of refills for your medication. Once Express Scripts receives your new prescription, you will continue to receive the prescribed number of refills automatically. With Worry-Free Fills, you will receive your medication when your refill is due. There is nothing you need to do. Express Scripts will automatically ship your eligible medications when you're within 10 days of running out.

Q: How can I change my medication ship date?

A: You can change your medication ship date by visiting the "Order Status" page and clicking on the "Change date" link. Note that you should only extend your ship date if you think you already have enough medication on hand.

Q: When will I be billed for the automatic refills?

A: You will not be billed until after your medication has been dispensed.

Q: How can I remove the Worry-Free Fills check mark off my medication?

A: You can remove the Worry-Free Fills check mark off a medication by simply clicking on the box next to "Automatically refill this prescription from now on with Worry-Free Fills".

Q: Why should I enroll my future prescriptions for Worry-Free Fills?

A: You have the option to enroll in the Worry-Free Fills program by individual prescription or for all your current and future eligible prescriptions. If you enroll your eligible future prescriptions in Worry-Free Fills®, your refill process will be one step shorter. When you enroll your future prescriptions, every new prescription eligible for Worry-Free Fills will automatically be sent to you when it's time to refill. You won't have to remember to select the Worry-Free Fills option for your enrolled prescriptions in the future. If an enrolled prescription needs to be renewed, Express Scripts will automatically contact your prescriber to authorize the renewal.

Status and pricing information for future prescriptions you enroll will still appear in the Worry-Free Fills Center. You will also continue to receive a notice prior to shipment of your orders, and you will still have the option to change the shipping date or cancel any order, either on Express-Scripts.com or by calling customer service.

Q: Will enrolling all my future prescriptions in Worry-Free Fills also enroll my current prescriptions?

A: No; enrolling all future prescriptions automatically includes all eligible future prescriptions in Worry-Free Fills but does not enroll your current prescriptions. Your current prescriptions will need to be enrolled in Worry-Free Fills individually in either the Order Center or Worry-Free Fills Center.

FAQs about Generic Medications

Q: What is a generic version of a brand-name drug?

A: A generic version (or equivalent) is a medication that is generally sold under the name of its active ingredients—the chemicals that make it work—rather than under a brand-name, and it is typically much less expensive than its brand counterpart. Generic versions that have been approved by the U.S. Food and Drug Administration, or the FDA, contain the same active ingredients—and are the same in safety, strength, performance, quality, and dosage form—as their brand counterparts.

Q: Does every brand-name drug have a generic version?

A: Not every brand-name drug has a generic version that is available to the public. Generic versions generally become available for sale only after the patent for the brand has expired. Once the patent expires, other manufacturers can produce and sell generic versions.

Q: When does a generic version become available?

A: Drug manufacturers can market a generic version after the patent for the brand-name drug has expired and the generic version has been approved by the FDA. Generally, patents expire 20 years after they are initially filed, but by the time the brand-name drug has completed testing and is approved for sale, as few as 10 years may remain on the patent.

Q: Why do generic drugs cost less than brand-name drugs?

A: A generic drug typically costs less to develop because its manufacturer does not have to perform all

the costly clinical studies that the manufacturer of the brand had to perform during development. In developing a generic version, the manufacturer can use the clinical data that has been gathered about the brand-name drug's safety and effectiveness. Generic manufacturers also don't spend money advertising their drugs in magazines and on TV. So, generic drugs are less expensive for you and your health plan.

Q: I understand that I can avoid higher costs by using generic drugs, but am I giving up quality?

A: No, not at all. The FDA reviews approved generic drugs to ensure that they match their brand counterparts in safety, quality, strength, and dosage.

FAQs about Generic Step Therapy

Q: Who decides what drugs are covered in step therapy?

A: In accordance with the State's pharmacy plan design, step therapy is developed under the guidance and direction of independent, licensed doctors, pharmacists and other medical experts. Together with Express Scripts they review the most current research on thousands of drugs tested and approved by the FDA for safety and effectiveness and recommend appropriate prescription drugs for step therapy under your plan.

Q: How do I know what front-line drug my doctor should prescribe?

A: Only your doctor can make that decision. You can go to Express-Scripts.com (located under Manage Prescriptions / Price a Medication) for a list of your plan's front-line drugs.

For additional information about Express Scripts' formulary drugs that require generic step therapy, go to www.Express-Scripts.com, under the 'Manage Prescriptions' menu, select the 'Price a Medication' link or call Express Scripts toll-free at 1 (866) 544-1798.

Q: What if I need a prescription filled immediately at a retail pharmacy and I do not want to go through the Step Therapy process?

A: If your provider wants you to take a certain medication without trying a generic or front-line medication first, they may do so through the prior authorization or override process. Until that prior authorization is approved by Express Scripts, your pharmacist may tell you that your prescription is not covered. If this occurs and you need your medication quickly, you can:

a) **Talk with your pharmacist about filling a partial supply** of your prescription right away. You may have to pay full price for this prescription based on the retail pharmacy's policy. If you paid full price and prior authorization is subsequently granted, you can go back to the pharmacy and request a refund of the price you paid minus the applicable copayment or ask to have your claim reprocessed.

b) Then, **ask your pharmacist to contact your doctor**. Your doctor needs to call the Express Scripts Prior Authorization Department at (800) 753-2851 to find out if this drug can be covered by your plan. Only your doctor (or in some cases, your pharmacist) can provide the information needed to make this determination. If the prior authorization is approved, you'll pay the appropriate copayment for this drug. If it is not approved, you will either have to pay full price for the back-up drug or take an alternative.

Q: What if I can't use the less expensive (front-line) drug?

A: With step therapy, more expensive brand-name drugs are usually covered as a back-up in the program if:

- You've already tried the generic drugs covered in your step therapy program
- You can't take a generic drug (for example, because of an allergy)
- Your doctor decides, for medical reasons, that you need a brand-name drug

If one of these situations applies to you, your doctor can request an override or a "prior authorization" for you, allowing you to take a back-up prescription drug. Once the override is approved, you'll pay the appropriate copayment for this drug. If the override isn't approved, you will either have to pay full price for the back-up drug or take an alternative.

Q: What are generic drugs?

A: Generic equivalent medications have the same chemical makeup and same effect in the body as their original brand-name counterparts. Though generics may have a different name, color, and/or shape, generics have undergone rigorous clinical testing and been approved by the U.S. Food & Drug Administration (FDA) as safe and effective.

Unlike manufacturers of brand-name drugs, the companies that make generic drugs don't need to spend as much money on research and advertising. As a result, generic drugs cost less than the original brand-name drug, and the savings get passed on to you.

Q: I sent in a prescription to home delivery and was told I need to use a front-line drug. What happens now?

A: Step therapy applies to prescriptions you receive at your local pharmacy, as well as those you order through home delivery, so the same basic process applies. Your doctor may write a prescription for a front-line drug covered by your plan, or your doctor can request an override or a "prior authorization" for you.

FAQs about Prior Authorizations

Q: Who decides what prescription drugs require prior authorization?
A: The prior authorization program was developed under the guidance and direction of independent licensed doctors, pharmacists and other medical experts. Together with Express Scripts these experts review the most current research on thousands of prescription drugs tested and approved by the FDA as safe and effective and recommend prescription drugs that are appropriate for prior authorization under your plan.

Q: What kinds of prescription drugs need a prior authorization in my program?
A: Your prior authorization program applies to prescription drugs that:

- have dangerous side effects or can be harmful when combined with other drugs
- should be used only for certain health conditions
- are often misused or abused
- are prescribed when less expensive drugs might work better

For additional information about Express Scripts' formulary drugs that require prior authorization, go to www.Express-Scripts.com, under the 'Manage Prescriptions' menu, select the 'Price a Medication' link or call Express Scripts toll-free at 1 (866) 544-1798.

Q: Why couldn't I get my original prescription filled at the pharmacy?
A: When a prescription needs a prior authorization:

1. Your pharmacist sees a note on the computer system indicating "prior authorization required."
2. Express Scripts or your pharmacist lets you know that your prescription needs a prior authorization – which simply means that more information is needed to determine if your plan can cover the medication.
3. You can ask your doctor to call Express Scripts for prior authorization. Only your doctor (or in some cases, your pharmacist) can give Express Scripts the information needed to see if your medication can be covered. The prior authorization phone lines are open 24 hours a day, 7 days a week, so a determination can be made right away.

   If you learn your prescription requires a prior authorization, you can ask your doctor if there is a different medication you can use that's covered by your plan.

   If your doctor does not wish to complete the requirements of the prior authorization program, you have the option of paying the full price for the prescription at your pharmacy. (Note: You will not be reimbursed if you choose this option and the amount you pay will not be applied to your out of pocket maximum).

4. If your doctor (or pharmacist) calls for a prior authorization, an Express Scripts licensed pharmacist will:
   - Check your plan's guidelines to see if your prescription can be covered, and
   - Determine whether your plan will cover the medication only when it's used for treating specific FDA approved medical conditions, rather than for other purposes.

   Your doctor or pharmacist will be asked questions about your specific condition. If the information provided meets your plan's requirements, prior authorization will be granted and you will be responsible for paying the applicable copayment at the pharmacy.

Q: I need a prescription filled immediately at a retail pharmacy. What can I do?

A: At the pharmacy, your pharmacist may tell you that your prescription requires prior authorization. If this occurs and you need your medication quickly, you can:

a) **Talk with your pharmacist about filling a partial supply** of your prescription right away. You may have to pay full price for this prescription based on the retail pharmacy's policy. If you paid full price and prior authorization is subsequently granted, you can go back to the pharmacy and request a refund of the price you paid minus the applicable copayment or ask to have your claim reprocessed.

b) Then, **ask your pharmacist to contact your doctor**. Your doctor needs to call the Express Scripts Prior Authorization Department at (800) 753-2851 to find out if this drug can be covered by your plan. Only your doctor (or in some cases, your pharmacist) can provide the information needed to make this determination. If the prior authorization is approved, you'll pay the appropriate copayment for this drug. If it is not approved, you will either have to pay full price for the back-up drug or take an alternative.

Q: Does this program deny me the medication I need?

A: No, the program can help you get an effective medication to treat your condition. Through prior authorization, you can receive the right prescription for you that is covered by your benefits. If it's determined that your plan doesn't cover the original medication you were prescribed, you can ask your doctor about getting a different medication that is covered. Covered medications will be subject to the applicable copayment. Or, you can choose to fill the original prescription at your pharmacy by paying the full price.

Q: What happens if my doctor's request for prior authorization is denied?

A: Your prescription benefit doesn't cover certain medications. If you want to file an appeal to have your prescription covered, contact Express Scripts Member Services at 1 (866) 544-1798.

Q: I filed an appeal and it was denied. What can I do?

A: There are two things you can do:

1. You can talk with your doctor again about prescribing a different medication that is covered by your plan, or

2. You can pay the full price for a medication that isn't covered by your plan.

Q: I sent a prescription to Express Scripts home delivery pharmacy services, but I was told it needs a prior authorization. What happens now?

A: Express Scripts home delivery pharmacy services will try to contact your doctor. You may want to let your doctor know that this call will be coming. If your doctor thinks you need this prescription for your condition, he/she can talk with an Express Scripts home delivery pharmacy services representative about a prior authorization.

FAQs about Controlled Substances

Q: What is a controlled substance or controlled medication?

A: The federal government has categorized a class of medication as having a higher-than-average potential for abuse or addiction. Such medications, known as controlled substances, are divided into categories based on their potential for abuse or addiction. They range from illegal street drugs (Schedule 1, or C1) to medications with decreasing potential for abuse (C2 through C5). Prescriptions containing narcotics or amphetamines are often classified as C2, since they have a relatively high potential for abuse or addiction.

Q: Are there any drugs prohibited from mailing? If so, which ones?
A. There are some specific categories of medications that cannot be mailed or may require specific delivery restrictions. Some medications, such as pain relief or sleep agents, are not classified as maintenance (although they may be for your treatment). You can continue filling these types of prescriptions at your local retail pharmacy. If you have specific questions about your medication, you can call Express Scripts Member Services at 1 (866) 544-1798.

Q. Can I receive medications that are classified as "controlled substances" through the mail order?

A. You can obtain many controlled substances through the mail order; however, some do require signature upon delivery. Some may also require a new prescription for each fill and have dispensing restrictions that would only allow a certain day supply vs. a 90-day supply. Examples of controlled medications are pain relief and sleep agents. Check with your doctor if you are taking a controlled substance to determine if there are any restrictions and if it would be appropriate for you to fill through the mail order. However, it is important to note that you can continue filling most controlled substances for up to a 31-day supply at the retail pharmacy; you are not required to use mail order when filling these types of prescriptions.

Q: Do controlled substances have special prescribing and dispensing requirements?

A: Yes. Most prescriptions for controlled substances are subject to both federal and state regulations. These regulations define how a prescription can be written, how your doctor can communicate it to a pharmacist, and how many times it can be refilled, among other aspects. For example, many controlled substances can only be refilled up to 6 months from the date of the original prescription, and medications with a higher potential for abuse (C2) cannot be refilled at all. All pharmacies, whether retail or home delivery, are subject to these regulations.

For more information about controlled substances and New Hampshire regulations regarding them, please contact your provider or Express Scripts Member Services at 1 (866) 544-1798.