

A photograph of a woman with brown hair kissing a young girl with blonde hair on the cheek. Both are holding apples. The girl has her eyes closed and a happy expression. They are outdoors with green foliage in the background.

PRESCRIPTION DRUG COVERAGE GUIDE



TUFTS
Health Plan

5 STEPS TO GET STARTED

Understand your pharmacy benefits, get
the medications you need, and save money.





1. LOG IN OR REGISTER FOR YOUR SECURE ONLINE MEMBER ACCOUNT

Your member account provides you with personalized information to better manage your health care coverage and make smart decisions about your health.

Visit **mytuftshealthplan.com** to get started.



2. LOOK UP YOUR PRESCRIPTIONS

We cover thousands of different medications, but if your current prescription isn't on our list talk to your doctor about switching to a covered medication.

Many medications we cover have a cost-share (copayment, deductible, or coinsurance) — the amount you'll be responsible for paying, depending on your plan. The medications covered under your plan are organized in up to four tiers:

- Tier 1 includes most generic medications and is the lowest cost to you
- Tier 2 includes many generic and brand name medications
- Tier 3 includes the most expensive generic and brand name medications
- Tier 4 includes specialty medications and is the highest cost to you (applicable on some plans)



3. SEE IF YOUR PRESCRIPTION HAS SPECIAL REQUIREMENTS

If there is a "PA," "ST^{PA}," "QL" or "SP" after any of your prescriptions talk to your provider. To see definitions for these requirements, please refer to the "Key Terms" section.



4. PLAN AHEAD IF YOU TAKE MAINTENANCE MEDICATION

Maintenance medications are drugs taken regularly for ongoing conditions, such as high blood pressure or diabetes. If you're switching from another health insurance plan to Tufts Health Plan, make sure you have enough medication on hand to cover the transition period until your new coverage with Tufts Health Plan begins.

Check to see that your medication is not going to expire soon, has refills, and is covered by Tufts Health Plan. If your medication is not covered, talk to your doctor about switching to an alternate maintenance medication that is covered.



5. SAVE MONEY WITH MAIL SERVICE

On some plans, you may save money if you buy a 90-day supply of medications through mail order. Mail service provides the added convenience of home delivery instead of going to a retailer.

KEY TERMS



PA: PRIOR AUTHORIZATION

Definition: *Prior authorization is the need for your provider to tell us why you need a certain medication.*

We consult with your provider to provide you with better health outcomes, cost savings and assure your safety. Contact the doctor who wrote your prescription. If the doctor believes the drug that requires PA is necessary for your treatment, they may submit a request for coverage by faxing a MA Standard Form to Tufts Health Plan. We'll cover the medication if it meets our medical necessity coverage guidelines.

ST^{PA}: STEP THERAPY PRIOR AUTHORIZATION

Definition: *Step Therapy Prior Authorization is an automated form of prior authorization that encourages clinically proven use of first-line therapies so that the most therapeutically appropriate and cost-effective drugs are used first, before other drugs may be covered.* Some types of step therapy include requiring the use of generics before brand name drugs or preferred drugs before non-preferred brand name drugs. Check our step therapy drug list to find out which step your drug is on. If you haven't previously taken the steps we require, and your doctor believes the drug prescribed for you is necessary, your doctor may request authorization. You can check the list by visiting tuftshealthplan.com/member-rx. Click on the "View Formularies" button in the "Look Up Your Medication" box, select the drug list (formulary) for your plan and click the link to "Step Therapy Prior Authorization."

QL: QUANTITY LIMITATION

Definition: *The quantity limit for a medication that can be purchased at any one time.* A common QL is a 30-day supply, which is the maximum number of units needed for 30 days based on the prescribed daily/weekly dose. You're covered for up to the quantity posted in our covered drug list. If your doctor believes you need to take more than that quantity, the doctor may submit a request for authorization.

SP: DESIGNATED SPECIALTY PHARMACY

Definition: *A pharmacy management program that requires members to purchase selected medications from specific sources.* Once your membership is effective, log in to mytuftshealthplan.com and click on "My Coverage," then "Pharmacy." Call the designated specialty pharmacy provider indicated, or contact our Member Services department to help you receive your medication without interruption.

NC: NON-COVERED

Definition: *Medications that are not currently covered by us. If your provider feels you require this medication your provider should contact us.* They may submit a request for coverage to Tufts Health Plan. We will cover the medication if it meets our coverage guidelines. If the request is approved, you will be covered for your prescription.

NTM: NEW-TO-MARKET DRUG EVALUATION

In an effort to ensure the new-to-market prescriptions that we cover are safe, effective and affordable, we delay coverage of many new drug products until a physician specialist reviews them. If your doctor feels you need a new medication, they can contact us to request coverage.

FREQUENTLY ASKED QUESTIONS



WHAT IS THE DIFFERENCE BETWEEN A GENERIC AND A BRAND NAME?

Brand name medications are typically the first product to gain FDA approval. Generic versions have the same active ingredients, come in the same strength and dosage, and are also reviewed and approved by the Food & Drug Administration (FDA).

You can expect a generic version to produce the same effects as the brand name medication. The FDA works closely with all pharmaceutical companies to make sure that all brands and generics sold in the U.S. meet appropriate standards for strength, quality, and purity.

I HAVE A PRESCRIPTION FOR A MEDICATION THAT REQUIRES PRIOR AUTHORIZATION. WHY DO I NEED PRIOR AUTHORIZATION?

Prior authorization helps us manage the rising cost of prescription medications to make pharmacy benefits more affordable for you. It also helps us make sure you have the most recent and successfully proven medical science applied to your treatments.

If your doctor feels it is necessary for you to take a specific medication, they should submit a request to Tufts Health Plan.

ARE THERE ANY MEDICATIONS THAT ARE NOT COVERED BY MY PHARMACY BENEFIT?

Yes, there are some prescription medications that are not covered when there is medical evidence that proves other less costly and clinically appropriate alternatives are available.

The Tufts Health Plan Pharmacy and Therapeutics Committee reviews new medication for safety, cost-effectiveness, and appropriateness to determine if it will be added to the list of non-covered medications.

If your doctor believes that you have a medical reason for treatment with a non-covered medication, they may submit a request for coverage.

WHAT DOES IT MEAN IF MY PRESCRIPTION IS EXCLUDED FROM YOUR LIST?

Tufts Health Plan may exclude from coverage prescription medications once they become available over-the-counter (OTC).

Over-the-counter drugs can be obtained without a prescription and are not eligible for coverage by the plan. The complete list of medications excluded from coverage along with their OTC alternatives can be found at [**tuftshealthplan.com/non-covered-drugs**](https://tuftshealthplan.com/non-covered-drugs).

CONTACT US



MASSACHUSETTS MEMBER SERVICES

800.462.0224 (TDD/711)

Monday–Thursday, 8 am–7 pm; Friday, 8 am–5 pm



RHODE ISLAND MEMBER SERVICES

800.682.8059 (TDD/711)

Monday–Thursday, 8 am–7 pm; Friday, 8 am–5 pm

VISIT US ONLINE

tuftshealthplan.com/Ask-Member-Services

Interpreter Services Available:

With the help of Language Line Solutions, we speak more than 250 languages.

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

若需免費的中文版本, 請撥打ID卡上的電話號碼。

You may obtain a summary of Tufts Health Plan's key Utilization Management/case management procedures and Tufts Health Plan's privacy practices at tuftshealthplan.com.



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