



Prescription coverage reviews: protecting safety and affordability

Your State Health Plan prescription drug benefits seem simple enough – if your prescription is covered and you use a participating pharmacy, you'll buy your medications for a small copayment, and the lowest costs come with the generics.

Sometimes, however, Express Scripts, your pharmacy benefits manager, will need a little more information than just the prescription itself to determine how your medications are covered and will start a **coverage review** to learn more. If the determination is made to cover the medication, you will pay the appropriate copayment. Coverage reviews rely on medical experts and research, and aim to provide drug safety as well as insurance affordability for you and your employer, who pays most of your premiums. Coverage reviews can take several forms:

Prior authorizations

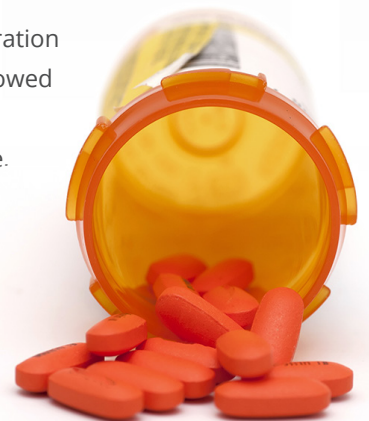
These are official determinations made by Express Scripts in consultation with your doctor that a particular medicine can be covered.

Drug quantity management

This process makes sure prescriptions are filled at levels the U.S. Food and Drug Administration considers safe, and which reduce costs to you. If your doctor prescribes more than the allowed quantity of an affected drug, you will need a coverage review. Alternatives may also be available through your doctor: higher doses taken less frequently or split pills, for example, can reduce your cost.

Step therapy

This encourages you to first use a low-cost drug of equal effectiveness and safety before trying more expensive alternatives. If your doctor decides the higher-cost drug is needed, he can request a coverage review.



Beginning a coverage review

You can find out if a prescription may need a coverage review when you're notified by your pharmacist, or by logging in to the Express Scripts website, www.Express-Scripts.com. From there, your doctor, pharmacist or you will need to begin the process by contacting 855.612.3128.

When you cannot get a coverage review immediately

Nothing about coverage reviews keeps you from obtaining the medication you're prescribed—you can still purchase it at the full cost. When you are waiting on a coverage review, you may consider buying a small amount of the same medicine at the full price so you can begin your doses right away.

How long will a coverage review take?

In the case of prior authorizations, Express Scripts works to respond within one business day of the time all information is received, or the regulated time frame, whichever is sooner. In the case of other initial reviews, the goal for urgent reviews is 72 hours from the initial request, and for non-urgent reviews, 10 calendar days after one business day after all information is received.



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