



FlexRxSM 4-Tier

Pharmacy Benefit Guide





Welcome to FlexRx

The AllWays Health Partners FlexRxSM program is built for choice, savings, and convenience with benefits including:

- Low-cost drug tier for many common medications
- Coverage for many common over-the-counter drugs
- Savings on a 90-day supply of certain maintenance medications at participating retail pharmacies or by mail-order, depending on your benefit plan
- Additional savings at CVS Pharmacy® on health-related products
- Online tools to help you manage your plan and save money

Questions?

Members can log in to allwaysmember.org at any time to find complete information about their pharmacy benefits:

- Searchable drug lookup tool
- A list of medications in the Maintenance 90 program
- Mail order forms
- And more

Not a member yet? Visit allwayshealthpartners.org for more information and to access our drug lookup tool.

AllWays Health Partners Customer Service

To speak with a Customer Service professional, please call the number on the back of your member ID card.

Representatives are available Monday through Friday 8:00 AM to 6:00 PM, Thursday 8:00 AM to 8:00 PM. Service is available 24/7 for pharmacy issues. Just select “pharmacy” when prompted.

The proper names of medications mentioned in this publication are used for informational purposes only and are trademarks or registered trademarks of their respective companies. FlexRx applies to commercial and Health Connector plans.

Our Pharmacy Benefit

We partner with CVS Caremark® to manage pharmacy benefits for our members.

AllWays Health Partners and CVS Caremark offer online tools to help you find pharmacies, estimate your costs, search for medications, and more.

Filling prescriptions

You may fill your prescription medications at any pharmacy in our national network, which comprises tens of thousands of pharmacies including independent pharmacies and major chain pharmacies such as CVS Pharmacy, Walgreens®, Rite Aid®, Stop & Shop Pharmacy®, Walmart Pharmacy®, and more.

Covered medications

Use the AllWays Health Partners drug lookup tool online to check if a medication is covered.

Our Pharmacy Formulary

Our pharmacy formulary is the complete list of prescription medications covered under your pharmacy benefit. It was developed by doctors, pharmacists, and other experts who review clinical drug studies and determine the most reasonably priced medications that have been approved as safe and effective by the Food and Drug Administration (FDA).

You can search our formulary online. If you have questions about non-covered medications, call Customer Service.

4-Tier Placement

The AllWays Health Partners pharmacy benefit places all covered drugs into tiers.

TIER 1 (low-cost generic): This tier includes lower-cost generic medications. Generic medications contain the same active ingredients as their brand name counterparts

TIER 2 (generic): This tier includes higher-cost generic medications.

TIER 3 (preferred brand name): This tier includes preferred brand name medications.

TIER 4 (non-preferred brand name): This tier includes non-preferred brand name medications.

Each tier has a level of cost sharing. **Cost sharing** is the amount you have to pay for your medical services, medications, or equipment. Cost sharing may include deductibles, coinsurance, and copayments. Premiums and costs for non-network providers or non-covered services are not part of cost sharing. Members can log in to allwaysmember.org to view plan documents and learn about cost-sharing responsibilities.

You can determine what tier your drug is in by using the drug lookup tool available online.



How You Can Help Reduce Your Costs

Maintenance 90-day Supply

If you take certain maintenance medications, the AllWays Health Partners Maintenance 90 program requires you to get a 90-day supply to ensure you always have your most important medications on hand. Your cost sharing may also be lower when you fill a 90-day prescription. Maintenance medications treat chronic conditions such as high blood pressure and diabetes. Short-term medications (for example, pain medication and antibiotics) do not have this requirement.

To see if a medication is considered a maintenance medication, use the drug lookup tool.

How can I get a 90-day supply of my maintenance medication?

Access90

Fill your 90-day prescriptions at your local participating pharmacy with our Access90 program. Simply bring a 90-day prescription for your maintenance medication to a participating retail pharmacy.

Mail order

Order your 90-day supply through the mail with our mail order program. Members can download the mail order form on allwaysmember.org.

Over-the-counter drug benefit

Some over-the-counter medications, including cough syrup, allergy medication, and nicotine replacements, are covered by your AllWays Health Partners pharmacy benefit with a valid prescription from your doctor.

Cost sharing may vary depending on the drug prescribed. Members can check allwaysmember.org to see which over-the-counter medications are covered along with cost-sharing information.

Save money with ExtraCare®

The CVS ExtraCare® Health Card is one of the great benefits included with CVS Caremark. The card provides you and your family with a 20% discount on CVS brand health-related products, including vitamins, skin care products, eye care products, and more. The ExtraCare card discount program is available only at CVS pharmacies.

Therapeutic Class

A “therapeutic class” is a group of medications used to treat the same medical condition. For example, medications that treat high cholesterol are all in the same therapeutic class.

When a brand name medication does not have a covered generic equivalent, it may have covered generic alternatives in the same therapeutic class. Generic alternatives contain different active ingredients but treat the same condition.

The Value of Generic Medications

Mandatory generic substitution

You will pay a lower cost for generic medications. Generic medications have the same active ingredients, quality, and results as brand name drugs, and they are approved by the U.S. Food and Drug Administration (FDA). Inactive ingredients like colorings and fillers, which also must meet FDA guidelines, are usually the only differences between generic and brand name medications. For this reason, our mandatory generic substitution requires you to try a generic medication before the brand name medication is considered for coverage.

Prior authorization is required for an exception to our mandatory generic medication pharmacy benefit.

Our Pharmacy Management Program

AllWays Health Partners has programs in place to help our members use medications safely and effectively. These programs are managed by practicing doctors and pharmacists.

Prior authorization

Prior authorization (a clinical review of medical necessity) is sometimes required before a specific medication may be dispensed. We review and use criteria developed and approved by the AllWays Health Partners Pharmacy & Therapeutics Committee.

The clinical review process may take up to 48 hours after we have received complete information. We will notify both you and your doctor as soon as we make a decision.

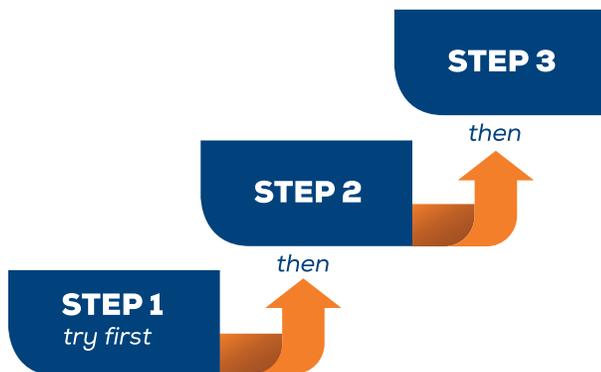
You can find out if your medication requires prior authorization by searching our covered drug list online.

Quantity limit

AllWays Health Partners may limit the number of units (tablet, capsule, or liquid) for a specific medication you may receive in a given time period to ensure safe and appropriate use. These limits are based on recommended dosing schedules and the availability of several strengths of the medication. Quantity limits automatically apply at the time the prescriptions are purchased. AllWays Health Partners requires prior authorization for exceptions to our quantity limits.

Step therapy program

The step therapy program helps provide you with the most appropriate and affordable drug treatment plan. Before filling a prescription for certain costly second-step medications, we require that you first try an effective but less expensive first-step medication.



If you have already tried a first-step medication and your doctor prescribes a second-step treatment, we automatically approve coverage for that alternative in most cases.

If your prescription records do not indicate the use of a first-step medication, or if you are a newly enrolled member with no prescription history, your doctor may contact AllWays Health Partners to request an exception to the step therapy program

Specialty pharmacy program

We partner with a select group of specialty pharmacies to provide medications for complex medical conditions. Search the covered drug list online to see what medications are included in the specialty pharmacy program.

Specialty pharmacies have expertise in the delivery of the medications they provide and offer services not available at a traditional retail pharmacy including:

- All necessary medication and supplies for administration (at no additional charge)
- Convenient delivery options to your home or office with overnight or same-day delivery available when medically necessary

- 24/7 access to nurses, pharmacists, and care coordinators specializing in the treatment of your condition
- Refill reminders by phone to help you stay on your medication
- Educational resources regarding medication use, side effects, and injection administration

If your prescription is included in the specialty pharmacy program, please contact your doctor, who can submit a new prescription referral form to the correct specialty pharmacy. For additional assistance, or if you have any questions about our specialty pharmacy program, please call Customer Service.

Exclusions

AllWays Health Partners covers medications only that are medically necessary for preventive care or for treating illness, injury, or pregnancy. The following medications or services are excluded from our covered drug list:

- Dietary supplements¹
- Therapeutic devices or appliances (except where noted)¹
- Biologicals, immunization agents, or vaccines obtained through the medical benefit
- Blood or blood plasma²
- Medications taken by or administered to an individual, in whole or in part, while they are a patient in a licensed hospital, nursing home, or similar institution that operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals²
- Charges for administration or injection of any drug²
- A brand name drug when an FDA approved equivalent generic drug is available
- Progesterone supplements
- Fluoride supplements /vitamins for members more than age 13 except for prenatal vitamins
- Drugs whose sole purpose is to promote or stimulate hair growth or for cosmetic purposes only
- Drugs labeled “Caution—limited by federal law to investigational use” or experimental drugs even though a charge is made to the individual

¹ Covered in certain circumstances under the durable medical equipment (DME) benefit.

² Covered under the medical benefit.

- Medications for which the cost is recoverable under Worker's Compensation or Occupational Disease Law or any state or government agency or medication furnished by any other drug or medical service for which no charge is made to the member
- Any prescription refilled in excess of the number of refills specified by the physician or any refill dispensed after one year from the physician's original order

Exceptions

You or your provider may request an exception for coverage of any drug that is excluded or limited. Exceptions will be granted only for clinical reasons. For additional information, call AllWays Health Partners Customer Service.

Frequently Asked Questions

Can I go only to CVS pharmacies to fill prescriptions?

The CVS Caremark network comprises tens of thousands of pharmacies nationwide including independent pharmacies and major chain pharmacies such as CVS Pharmacy, Walgreens, Rite Aid, Stop & Shop Pharmacy, Walmart Pharmacy, and more.

What is the CVS ExtraCare® Health Card?

The CVS ExtraCare Health Card is one of the great benefits included with CVS Caremark. The card provides you and your family with a 20% discount on CVS brand health-related products, including vitamins, skin care products, eye care products, and more. The ExtraCare card discount program is available only at CVS pharmacies.

My doctor has prescribed a medication that is not listed in the AllWays Health Partners covered drug list. What should my doctor do to request an exception?

When a covered alternative is not medically appropriate for you, your doctor may request coverage of a noncovered medication. CVS Caremark will review the request and determine if the request meets medical necessity.

How does AllWays Health Partners decide what medications to cover?

Our Pharmacy & Therapeutics (P&T) Committee is responsible for reviewing medications included in our covered drug list. The committee of doctors and pharmacists reviews medications for clinical appropriateness, safety, and side effects.

How soon do new medications approved by the FDA become available to AllWays Health Partners members?

Newly approved medications are reviewed by the AllWays Health Partners P&T Committee regularly. During the period when a new medication is being reviewed, it is not covered by your pharmacy benefit; however, as with other non-covered medications, your doctor can request an exception when there is no other medically appropriate alternative available to you.

How do I find out which tier my medication is in?

Search our covered drug list online to see what tier your medications are in.

How do I refill a prescription while on vacation?

If you are traveling in the U.S., ask your doctor for a prescription to take with you. Fill it at any participating pharmacy in our nationwide network.

Members can use the find-a-doctor tool on allwaysmember.org to search for a participating pharmacy.

Is my pharmacy benefit available across the U.S.?

Your pharmacy benefit is available in all 50 states. You can fill your prescriptions at any participating pharmacy in our nationwide network.



allwayshealthpartners.org



AllWays Health Partners includes AllWays Health Partners, Inc., and AllWays Health Partners Insurance Company.

