

PriorityMedicareSM
PriorityMedicareRxSM

2008 Employer Group Formulary
(List of Covered Drugs)

Section 1:
Introduction and FAQs

**PLEASE READ: THIS DOCUMENT CONTAINS
INFORMATION ABOUT THE DRUGS WE COVER IN THIS
PLAN**

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

Effective January 1, 2008 or upon renewal date in 2008

5000_5001_B NCMS (11/2007)

Last Updated 07/2008



What is the PriorityMedicare Formulary?

A formulary is a list of covered drugs selected by **PriorityMedicare** in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. **PriorityMedicare** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **PriorityMedicare** network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary change?

Generally, if you are taking a drug on our 2008 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2008 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or improve the safety of your drugs.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2008. To get updated information about the drugs covered by **PriorityMedicare**, please visit our Web site at www.priorityhealth.com/medicare or call Customer Service at 616 464-8820 or toll-free at 888 389-6648, 8:00 a.m. to 8:00 p.m., 7 days a week. TTY/TDD users should call 616 464-8485 or toll-free 888 551-6761.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 6. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 6. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 48. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

PriorityMedicare covers both brand-name drugs and generic drugs. A generic drug has the same active-ingredient as the brand name drug. Generic drugs usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA).

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization (PA):** **PriorityMedicare** requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from **PriorityMedicare** before you fill your prescriptions. If you don't get approval, **PriorityMedicare** may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, **PriorityMedicare** limits the amount of the drug that **PriorityMedicare** will cover. For example, **PriorityMedicare** provides 18 tablets per prescription for MAXALT. This may be in addition to a standard one month or three month supply.
- **Step Therapy (ST):** In some cases, **PriorityMedicare** requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, **PriorityMedicare** may not cover drug B unless you try Drug A first. If Drug A does not work for you, **PriorityMedicare** will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6.

You can ask **PriorityMedicare** to make an exception to these restrictions or limits. See the section, "How do I request an exception to the **PriorityMedicare** formulary?" on page 3 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and ask if your drug is covered. If you learn that **PriorityMedicare** does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by **PriorityMedicare**. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by **PriorityMedicare**.
- You can ask **PriorityMedicare** to make an exception and cover your drug. See below for information about how to request an exception.

NOTE: Due to a change in Medicare, most Medicare Drug Plans no longer cover erectile dysfunction (ED) drugs like Viagra, Cialis, Levitra and Caverject. For more information, you can contact Customer Service for your plan specific coverage details.

How do I request an exception to the PriorityMedicare Formulary?

You can ask **PriorityMedicare** to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, **PriorityMedicare** limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier (Tier 3), you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier (Tier 2) instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Generally, **PriorityMedicare** will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 90-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

PriorityMedicare realizes that a 31-day transition may not be sufficient time to talk to your doctor and review alternatives. Therefore, we may grant up to a maximum of **TWO** 31-day supply authorizations per non-formulary medication of formulary medication requiring step therapy during a single transition event.

For more information

For more detailed information about your **Priority**Medicare prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about **Priority**Medicare, please call Customer Service at 616 464-8820 or toll-free at 888 389-6648, from 8:00 a.m. to 8:00 p.m., 7 days a week. TTY/TDD users should call 616 464-8485 or toll-free 888 551-6761. Or visit www.priorityhealth.com/medicare.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

PriorityMedicare's Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by **PriorityMedicare**. If you have trouble finding your drug in the list, turn to the Index that begins on page 48.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., VYTORIN) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

The information in the Requirements/Limits column tells you if **PriorityMedicare** has any special requirements for coverage of your drug.

**An asterisk (*) in the formulary indicates the amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. A circle (°) in the formulary indicates coverage for these medications varies by group, Please contact Customer Service for your plan specific coverage details.*