

Coverage Management Programs

Get the right drug for the right condition at the right cost

Medical Mutual uses coverage management programs—also called coverage reviews—to help make sure you get the right medication for your condition at the best value. Coverage reviews allow us to request information from your doctor or health provider to determine if your prescription drug plan will cover certain medications.

How Coverage Reviews Work

Medical Mutual works with Express Scripts, our pharmacy benefit manager, to determine if your use of certain medications meets the plan's criteria for coverage. For example:

- Is the medication appropriate for your condition and medical history?
- Is the medication cost effective compared to similar drugs?
- Is the dose (amount) prescribed appropriate and safe?
- Does the medication meet approved prescribing and safety guidelines set by the U.S. Food and Drug Administration (FDA) and other national treatment guidelines?

Coverage management programs include prior approval, step therapy and quantity limits. The following information explains the features of these programs:

- **Prior authorization (PA)** rules check if a drug is prescribed appropriately and proven effective and safe for your condition. If you do not get prior authorization before filling your prescription, your plan may not cover the medication and you will have to pay full price.
- **Step therapy (ST)** rules promote the use of lower-cost generic drugs and preferred brand-name alternatives in place of more costly medications. For example, if Medication A, a generic drug, and Medication B, a brand-name drug, both treat your condition, the plan may not cover Medication B unless you try Medication A first. If Medication A does not work for you, the plan will cover Medication B. Please note: Some medications may be covered if your demographic or medical history meets certain qualifications.
- **Quantity limit (QL)** rules define the amount of the medication your plan will cover. Your plan may only cover a certain quantity per fill (such as six tablets at a time), or a certain quantity over a specific time (for example, 30 tablets within a 90-day period). These limits are determined by FDA-approved dosing. Additional quantities may be allowed if proven medically necessary and safe.

Which Medications Require Coverage Reviews

To view drugs requiring a coverage review, log in to My Health Plan at [MedMutual.com/Member](https://www.MedMutual.com/Member), then click Prescription Drug Benefits under the Benefits & Coverage tab. On the Prescription Drug Benefits page, follow the instructions to sign on to the Express Scripts website.

If you are not yet a Medical Mutual member, you can find information about our available formularies and any associated restrictions or limitations on MedMutual.com. For Individual & Family plans, click on the View Individual & Family Plans button, then select Medical Plans under Plans & Products and scroll to the Prescription Drug Coverage section. For coverage through your employer, click Employers then select Prescription Resources from the Employer Resources drop-down. Or, talk to your health insurance plan sponsor.

Please note: Specialty medications are often used to treat complex chronic conditions such as rheumatoid arthritis, multiple sclerosis or cancer. They are noted as tier 4 in our formularies and frequently require coverage reviews.

Requesting a Coverage Review

For fastest service, your doctor's office can submit request for a review to Express Scripts through its electronic prior authorization (ePA) software. Your doctor or your pharmacist may also call Express Scripts at 1-800-753-2851 to initiate the review process. Express Scripts may request additional medical information from your doctor. Reviews are typically completed within 72 hours, then you and your doctor will receive a letter from Express Scripts indicating if coverage is approved or denied. You should receive this letter within one or two business days after the decision is made. If coverage is denied, the letter will explain the specific reason for the denial. It will also outline your rights to an appeal, how to request one and whom to contact if you have questions or need additional information.

Filling Your Prescription

Once coverage is approved, follow these steps to fill your prescription:

- Through mail order: Call Express Scripts at the Rx Information number on your ID card to provide payment information and verify delivery is scheduled. You will need to pay your normal mail-order cost share (copay, deductible or coinsurance).
- At a retail pharmacy: Contact your pharmacy to let them know coverage is approved and verify when you can return to the pharmacy to pick it up. You will need to pay your normal retail cost share (copay, deductible or coinsurance).
- For specialty drugs: Call one of our specialty pharmacies, Accredo, at 1-800-417-1961, Gentry Health Services, at 1-844-443-6879 or University Hospitals at 1-833-466-0012. (You can continue to fill prescriptions for transplant drugs and those used to treat deep vein thrombosis and HIV at a network retail pharmacy.)

If coverage is not approved, your claim will be denied and you will be responsible for paying the full cost of the medication if you choose to fill it. In addition, any amount you pay will not accumulate toward your deductible and/or maximum out-of-pocket amounts, if applicable.

Questions?

If you have questions about your prescription drugs, please call the Rx Information number on your Medical Mutual ID card.