

## Contents

General Information .....	1
Preferred Drug List.....	2
Pharmacies.....	3
Prescriptions.....	4
Generic and Preferred Drugs.....	5
Express Scripts Website and Mobile App.....	5
Specialty Medicines .....	5
Prior Authorizations.....	6
Miscellaneous .....	7

## General Information

Express Scripts administers the pharmacy benefit services for the Georgia Department of Community Health (DCH), which sponsors the State Health Benefit Plan (SHBP). Express Scripts looks forward to putting its clinical experience and state-of-the-art technology to work for you.

With Express Scripts, you have access to:

- **Express Scripts Member Services representatives, available 24 hours a day, 7 days a week** to assist with questions about your benefit or orders.
- **Convenient home delivery services through the Express Scripts Pharmacy<sup>SM</sup>.** You'll be able to have up to a 90-day supply of a long-term medicine delivered directly to your door. Long-term medicines are those taken to treat an ongoing condition, such as high blood pressure, high cholesterol or diabetes.
- **Helpful resources on [Express-Scripts.com/GeorgiaSHBP](https://www.express-scripts.com/GeorgiaSHBP),** including the ability to order home delivery refills, check order status, compare medicine costs, request order forms and access useful health and benefit information. You'll be able to have up to a 90-day supply of a long-term medicine delivered directly to your door. Long-term medicines are those taken to treat an ongoing condition, such as high blood pressure, high cholesterol or diabetes.
- **Specialist pharmacists, who each have expertise in the medicines that treat a single condition,** such as high blood pressure, asthma, diabetes or cancer. Specialist pharmacists at Express Scripts can answer your questions about how your medicines work with each other and how to make them work best for you. Since they know how your plan works, specialist pharmacists can also advise you on potentially reducing your medicine costs.



## Frequently Asked Questions

### Preferred Drug List

#### Q: What is a preferred drug list?

A: The Express Scripts preferred drug list for the Georgia State Health Benefit Plan (SHBP) is the 2016 Express Scripts National Preferred Formulary (drug list). This preferred drug list is a list of FDA-approved prescription drugs preferred by the plan and developed with the involvement of a Pharmacy and Therapeutics Committee, which reviews and classifies medicines for purposes of benefit design. You may pay a higher price under your plan for nonpreferred drugs (those not listed as preferred on the formulary) than you would for preferred drugs (those listed as preferred on the formulary), as described below.

#### Q: How do I use my preferred drug list and what are tiers?

A: Your preferred drug list has different levels of payment, or tiers, for preferred and nonpreferred medicines. You may pay:

\$ = Tier 1: Lowest copayment/co-insurance for generic drugs

\$\$ = Tier 2: Higher copayment/co-insurance for preferred brand-name drugs

\$\$\$ = Tier 3: Highest copayment/co-insurance for nonpreferred brand-name drugs

Your doctor may be able to help you save money by prescribing generic and preferred brand-name drugs if appropriate. So be sure to bring a copy of the preferred drug list with you on every visit to your doctor. You can print a copy of the list from the [Express-Scripts.com/GeorgiaSHBP](http://Express-Scripts.com/GeorgiaSHBP) website. Go to the open enrollment page and then click on the printable 2016 Preferred Drug Lists – either by Alphabetical Listing or by Therapeutic Class.

**Please note:** The list does not contain a complete list of preferred and nonpreferred drugs. It only lists the *most commonly prescribed drugs*. For more information, visit [Express-Scripts.com/GeorgiaSHBP](http://Express-Scripts.com/GeorgiaSHBP) to check the price and coverage of medicines under your plan. Simply select Price a medicine from the menu under Manage Prescriptions. You can also call Member Services toll-free at 877.841.5227.

#### Q: Will there be changes to my plan's list of preferred drugs from what I have now?

A: Yes. Effective January 1, 2016 your plan's preferred drug list (sometimes called a formulary) will have changes. As a result, some preferred medicines may become nonpreferred, and vice versa. With Express Scripts, "Tier 1" will include all generic drugs, "Tier 2" will include all preferred brand-name drugs and "Tier 3" will include all nonpreferred brand-name drugs. It's important to note that some medicines may move from one tier (copayment/co-insurance level) to another. Depending on whether the medicine is moving to a higher or lower tier, the amount you pay for that medicine may increase or decrease.

Log on to [Express-Scripts.com/GeorgiaSHBP](http://Express-Scripts.com/GeorgiaSHBP) to view your new preferred drug list and find out which medicines are preferred. If you are taking a brand-name drug that is about to become nonpreferred, you may want to talk to your doctor about a lower-cost option.

#### Q: Will the preferred drug list ever change?

A: Express Scripts makes updates to its preferred drug list on an ongoing basis. Most changes usually go into effect on January 1 of each year.

#### Q: What do the symbols on my preferred drug list mean?

A: Within each category, medicines are listed in alphabetical order or by therapeutic class.

Tier 1 products are preferred generic medicines and are all listed in lower-case letters.

Tier 2 products are preferred brand-name medicines and are all listed in UPPER-CASE letters.

Tier 3 products are nonpreferred brand-name medicines and are all listed in BOLD, ITALIC UPPER-CASE letters.



The symbol **INJ** next to a drug name indicates that the drug is available in **injectable** form only.

The symbol **PA** next to a drug name indicates that approval through a coverage review (prior authorization) is required for coverage.

The symbol **QLL** next to a drug name indicates that the drug has a quantity level limit on some or all strengths.

The symbol **ST** next to a drug name indicates that step therapy may apply to some or to all strengths of the drug, which means that another medicine may need to be tried first before that medicine will be covered.

### Q: Are any drugs excluded from my preferred drug list?

A: The only prescription drugs excluded from your preferred drug list are drugs that fall under coverage areas which are not covered by your benefit design; such as drugs used for cosmetic purposes, drugs for weight loss, or drugs covered under the medical plan. Please refer to your Summary Plan Document (SPD) for a full list of excluded categories.

## Pharmacies

### Q: How can I start using the Express Scripts Pharmacy home delivery service?

A: To get started using the Express Scripts Pharmacy for medicines you take on an ongoing basis, ask your doctor to write a prescription for up to a 90-day supply, plus refills for up to 1 year (as appropriate). To fill the prescription, you may:

- Mail your prescription(s) along with the required home delivery form. To download a home delivery order form, log in at [Express-Scripts.com/GeorgiaSHBP](https://Express-Scripts.com/GeorgiaSHBP) and click "Print & Request Forms & Cards" under "Health & Benefits Information."
- Ask your doctor to call **888.327.9791** for instructions on how to fax the prescription. Your doctor must have your member ID number (which is on your State Health Benefit Plan member ID card) to fax your prescription.
- Order through the Express Scripts website after registering at [Express-Scripts.com/GeorgiaSHBP](https://Express-Scripts.com/GeorgiaSHBP).

### Q: Is there an additional charge for shipping and handling?

A: No. Medicines are shipped via standard service at no cost to you. Express shipping is also available for an additional fee.

### Q: How much medicine can I receive per prescription?

A: You may receive up to a 31-day supply of medicine from a participating retail pharmacy. However, for a medicine you take on a long-term basis (such as those used to treat high blood pressure or high cholesterol), you should ask your doctor to prescribe up to a 90-day supply, plus refills for up to 1 year (as appropriate), to be filled through either the Express Scripts home delivery pharmacy or a participating 90-day retail pharmacy. If you obtain a 90-day supply of your maintenance medicines from one of these sources, then you will only pay 2½ times the monthly copayment/co-insurance for your three month supply. **If you obtain your 90-day supply from a retail pharmacy that does not participate in the 90-day retail network then you will pay three times the monthly copayment/co-insurance for your three month supply.**

### Q: What is a 90-day retail pharmacy, and how can I find out if the pharmacy I go to is in that 90-day retail network?

A: Getting up to a 90-day supply is a feature of your prescription benefit, managed by Express Scripts. With it, you have two ways to get up to a 90-day supply of your maintenance medicine (a medicine you take on an ongoing basis). You can conveniently fill those prescriptions either through Express Scripts home delivery pharmacy services or at a participating 90-day retail pharmacy.



To locate one, visit [Express-Scripts.com/GeorgiaSHBP](https://www.express-scripts.com/GeorgiaSHBP) and select Locate a Pharmacy from the menu under Manage Prescriptions. Any 90-day retail pharmacy will have the following statement after the address “Dispenses a maintenance supply: YES”. You can also locate participating pharmacies on the Express Scripts mobile app or by calling Express Scripts at 877.841.5227.

**Q: Can I still use my neighborhood retail pharmacy?**

A: Yes. Most national chain retail pharmacies and many independent pharmacies are part of your pharmacy network. To find out if your local pharmacy is in your network, go to [Express-Scripts.com/GeorgiaSHBP](https://www.express-scripts.com/GeorgiaSHBP) and select “Locate a Pharmacy”. You can also use the Express Scripts mobile app or call Express Scripts toll free at 877.841.5227.

**Q: What if I use a pharmacy that is not in the Express Scripts network?**

A: If you choose to use a pharmacy that doesn’t participate in the Express Scripts retail network, you’ll be charged full cost for the medicine and you’ll need to send a claim form to Express Scripts for reimbursement. Under your plan, your reimbursement will be based on the cost you would have paid if you used a participating retail pharmacy, minus your applicable deductible and/or copayment/co-insurance. Be sure to complete the entire claim form, attach the sales receipt showing the price you paid, and send them to Express Scripts at the address on the form.

To download a claim form, log in at [Express-Scripts.com/GeorgiaSHBP](https://www.express-scripts.com/GeorgiaSHBP) and click “Print & Request Forms & Cards” under “Health & Benefits Information.” Scroll down the page to “Claim Forms for Retail Pharmacy Purchases” and follow the link to print a form. Forms are also available by calling Member Services at the toll-free number on your member ID card.

## Prescriptions

**Q: What if my doctor writes a prescription for a brand-name drug?**

A: If you purchase a brand-name drug when a generic equivalent is available, you will pay the generic copayment /co-insurance, *plus* the difference in cost between the brand and the generic. Ask your doctor about generic equivalents. You may be able to save money.

**Q: How soon will I receive my home delivery prescription, and how can I check the status of my order?**

A: Orders are usually processed and mailed within 48 hours of receipt. Please allow 8 days from the day you mail in your prescription. You can check on the status of your order by logging in to [Express-Scripts.com/GeorgiaSHBP](https://www.express-scripts.com/GeorgiaSHBP) and view “Recent Order Status.” Or you can call Member Services and use the automated system. If you’re a first-time visitor, take a moment to register. Have your member ID number handy.

**Q: What if my prescription runs out of refills. Will the home delivery pharmacy call my physician to get a new prescription?**

A: If your home delivery prescription is enrolled in Worry-Free Fills® from Express Scripts, you can get automatic refills as you near the end of your current supply, and Express Scripts will contact your doctor when it’s time to renew that prescription. To see whether your medicines are eligible and to enroll them in Worry-Free Fills, call Member Services at 877.841.5227 or log in to [Express-Scripts.com/GeorgiaSHBP](https://www.express-scripts.com/GeorgiaSHBP).

**Q: How do I pay for my home delivery prescriptions?**

A: You can pay by check, e-check (see below for additional information), extended payment program, money order or credit card. If you prefer to use a credit card, you have the option of joining the Express Scripts automatic payment program by calling 800.948.8779 or by enrolling online.

E-check is another term for electronic fund transfer. When you pay for home delivery prescriptions with e-check, your payments are conveniently deducted from your checking account. Plus, there's a 10-day grace period between the time your order is sent and when the amount is deducted from the assigned checking account. (The amount that is being deducted will be included in the prescription information that accompanies your order.) Extended payment program allows you to spread your prescription payments over three credit or debit card installments so you don't have to pay all at once. And there's no waiting – your medicine will be shipped after the very first payment. When you're enrolled in EPP, it will apply to every mail-order prescription for you and your eligible dependents going forward. If at any point you wish to opt out of the program, you may call Member Services or visit [Express-Scripts.com/GeorgiaSHBP](https://Express-Scripts.com/GeorgiaSHBP).

## Generic and Preferred Drugs

### Q: How do I know whether my medicine is covered or whether there is a generic equivalent?

A: To find coverage and pricing details online, and to find out if your medicine has a generic equivalent, log in at [Express-Scripts.com/GeorgiaSHBP](https://Express-Scripts.com/GeorgiaSHBP) and select "Save with My Rx Choices" from the menu under Manage Prescriptions. Or you can contact Member Services at 877.841.5227.

## ExpressScripts Website and Mobile App

### Q: Who has access to my prescription information?

A: Express Scripts has a strong commitment to your privacy. Express Scripts has established effective administrative and technical safeguards to protect the confidentiality of your prescriptions and other information and to secure this information from unauthorized or improper access, disclosure or use. In addition, Express Scripts does not sell individually identifiable information or lists of members and their covered dependents to outside companies for solicitation or marketing purposes.

### Q: What can I do on the Express Scripts website?

A: You may access the Express Scripts website from a link on the SHBP website to get information about your plan, find participating retail pharmacies near you and see how much certain medicines will cost. You are able to visit [Express-Scripts.com/GeorgiaSHBP](https://Express-Scripts.com/GeorgiaSHBP) to quickly refill home delivery prescriptions online, receive timely medicine alerts, find potential lower-cost options available under your plan, check order status and ask questions of a pharmacist online. In order to get information specifically about your SHBP plan, you'll need to register first. Go to: [Express-Scripts.com/GeorgiaSHBP](https://Express-Scripts.com/GeorgiaSHBP) any time to sign up. Have your member ID card handy when you sign up.

### Q: How do I download the Express Scripts Mobile App?

A: Visit your smartphone's or tablet's market or store and search for "Express Scripts." It's free to download and use.

### Q: What can I do on the Express Scripts Mobile App?

A: You can use the app to view your medicines and set reminders for when to take them or to notify you when you are running low. You can also get personalized alerts, check for lower-cost prescription options available under your plan and display a virtual member ID card that you can display at the pharmacy.

## Specialty Medicines

### Q: What is a specialty pharmacy?

A: A specialty pharmacy provides injectable, oral and infused medicines. These complex and costly medicines usually require special storage and handling and may not be readily available at your local pharmacy.

Sometimes these medicines have side effects that require monitoring by a trained pharmacist or nurse. Accredo focuses on providing these medicines while offering excellent customer service and clinical support to you and your caregivers.

#### Q: Why should I use Accredo for my specialty medicines?

A: As you may know, the cost of prescription drugs has been rising dramatically over the last several years. That's especially true of specialty medicines. By using Accredo an Express Scripts specialty pharmacy, for specialty drugs, your prescription drug benefit can offset some of these high costs.

**Please Note:** Most specialty drugs can be filled one time for a copayment at a participating retail pharmacy. After that, the specialty drug must be filled through Accredo to continue to receive coverage; however, there may be some exceptions. To find out whether your specialty drug is covered for one fill at a participating retail pharmacy, contact Express Scripts at the number on the back of your member ID card.

#### Q: How do I get started with Accredo?

A: You can call us toll free at **800.978.6227** and we will help get you started. With your permission, we will fax your doctor to request a new prescription. Or, your doctor can initiate by sending Accredo your prescription electronically, by fax, or by phone.

After your doctor provides the prescription to Accredo, one of our patient care representatives will call you to arrange a convenient time to deliver your medicine. Your shipment should arrive within five to eight days after Accredo receives the prescription from your doctor and confirms a delivery time with you. Accredo uses scheduled delivery service companies at no cost to you, and all packages include most of the supplies you'll need to properly administer your medicines, also at no charge.

#### Q: How much medicine can I receive per prescription?

A: You may receive up to a 31-day supply at a time of specialty medicine through Accredo.

#### Q: What if I have questions about my medicines?

A: Visit **Accredo.com** anytime or call Accredo Member Services toll free at **800.978.6227** to speak with a representative. At Accredo, you have access to a team of pharmacists and nurses. If you have an urgent need relating to your medicine, a licensed pharmacist is available 24 hours a day, 7 days a week. Leave your contact information with our after-hours answering service, and the pharmacist on call will return your call immediately.

#### Q: Is there an extra cost to use Accredo's services?

A: No. Accredo is part of your prescription drug benefit.

#### Q: Can I order all my medicines from Accredo?

A: No. Accredo dispenses only specialty medicines.

### Prior Authorizations

#### Q: What is a coverage review or prior authorization (PA)?

A: The SHBP uses coverage management programs to help ensure you receive the prescription drugs you need at a reasonable cost. Coverage management programs include prior authorization, step therapy and quantity duration. Each program is administered by Express Scripts to determine whether your use of certain medicines meets your plan's conditions of coverage. In some cases, a coverage review may be necessary to determine whether a prescription can be covered under your plan.

If your prescription requires prior authorization, you or your doctor can initiate the prior authorization review by calling Express Scripts at 877.362.6662. Express Scripts will inform you and your doctor in writing of the coverage decision.

**Q: Can I find out ahead of time if a medicine may need a coverage review?**

A: Yes. Go to the open enrollment page on the [Express-Scripts.com/GeorgiaSHBP](http://Express-Scripts.com/GeorgiaSHBP) website and then click on the printable 2016 Preferred Drug Lists – either by Alphabetical Listing or by Therapeutic Class. The symbol PA next to a drug name indicates that approval through a coverage review (prior authorization) is required for coverage. On or after January 1, 2016, you can log on to [Express-Scripts.com/GeorgiaSHBP](http://Express-Scripts.com/GeorgiaSHBP) and use the “Price a medicine” feature. After you look up a medicine’s name, click “View coverage notes.”

**Miscellaneous**

**Q: How do I order additional home delivery forms?**

A: Order online at [Express-Scripts.com/GeorgiaSHBP](http://Express-Scripts.com/GeorgiaSHBP) or call Member Services toll-free at 877.841.5227 to use the automated system. Express Scripts will mail the requested items to you right away.

**Q: Are prescription coupons accepted for home delivery orders?**

A: No. Manufacturers’ coupons cannot be used to reduce your copayment /co-insurance for home delivery or specialty drug orders. It’s possible that you may be able to receive a rebate or partial rebate from the medicine’s manufacturer. If you have such a coupon, please review the information on it or on the manufacturer’s website for instructions on requesting a rebate. These coupon offers are not available for patients enrolled in Medicare, Medicaid or other federal programs, or where prohibited by law.

**Q: Why can’t I use coupons for those home delivery and specialty prescriptions?**

A: If you use a coupon from a brand manufacturer, you’ll pay less for that brand-name drug at a retail pharmacy. However, your plan will continue to pay the same high share of the brand’s cost and could ultimately result in higher premiums being set for your plan. Additionally, many coupon offerings are for limited periods of time so you may get a lower rate for that drug initially but once you have started on that drug and the coupon runs out, the cost to the member increases dramatically. Over time, having been on a lower cost alternative to begin with can save the member money.

**Q: How does the Affordable Care Act impact my medicines?**

A: Due to the Affordable Care Act, there may be select categories with products that will have a \$0 copayment/ co-insurance if you have a prescription and certain requirements (e.g., age) are met. These categories include: aspirin, fluoride, folic acid, tobacco cessation products, women’s contraceptives, vitamin D, bowel preparations, preventive breast cancer products, and the following vaccines: influenza, Gardasil, Cervarix and Zostavax. For additional information about your prescription costs, visit the Express Scripts website from a link on the SHBP website and choose Compare prescription medicine costs. Or you can contact Member Services at 877.841.5227.

**Q: Where else can I go for more information?**

A: Visit [Express-Scripts.com/GeorgiaSHBP](http://Express-Scripts.com/GeorgiaSHBP) or call Express Scripts toll-free

Member Services .....	877.841.5227
Accredo specialty pharmacy .....	800.978.6227
Prior Authorization.....	877.362.6662