

# TRANSITION TO EXPRESS SCRIPTS®



## FREQUENTLY ASKED QUESTIONS

### What is changing?

We're making important changes to our pharmacy program. On January 1, 2020, Medica will transition from CVS Caremark™ to Express Scripts® to help manage pharmacy benefits. Express Scripts will help us maintain Medica's List of Covered Drugs (formulary), process claims and help us better coordinate member care.

Members can continue to fill their prescriptions at any of our broad network of pharmacies – including chain pharmacies (Walgreens, CVS Pharmacy, etc.) and neighborhood pharmacies.

### Why are these changes happening?

Pharmacy costs continue to rise with significant price increases on many medications. This makes the need to manage prescription drug benefits and costs an important priority. Medica completes a regular review of our pharmacy program to ensure we're delivering cost effective, high-quality pharmacy benefits. We determined that Express Scripts is the partner who can help us effectively manage our pharmacy benefits while keeping pharmacy costs as low as possible for everyone.

We will continue to offer tools and resources that allow members to manage their prescriptions on the go. Starting January 1, 2020, members will have access to a new website and mobile app that will help them find a pharmacy, view their claims history, refill a prescription and more.

### What types of changes could members experience?

Some members will see changes in their prescription and/or pharmacy network coverage. Every affected member will receive a personalized letter explaining the changes including information about their options.

### Changes include:

- **Network:** Members have access to a broad network of pharmacies, including chain and neighborhood pharmacies. Most members won't see changes to their pharmacy network.
- **Formulary:** Some prescriptions may no longer be on Medica's List of Covered Drugs (Formulary).
- **Tier:** Some members will see their drugs move to another tier. If so, the member will need to switch to a new covered drug or supply, or they will pay more to continue filling a current prescription.
- **Specialty:** Some drugs that were previously not considered specialty drugs may be on Medica's Specialty Drug List starting January 1, 2020. This means some members will need to fill their prescription through a preferred specialty drug vendor.
- **Step Therapy:** Step therapy means the member will be required to try another drug as the first step to treat their health condition. This drug is equally or more effective for most people and often costs less.
- **Quantity Limit:** Certain drugs will now include a quantity limit. A quantity limit only affects the amount of the drug that the member's plan will pay for; the limit does not prevent the member from receiving larger quantities, if appropriate. The member's doctor will decide what quantity of drug is right for them.
- **Prior Authorization:** Some prescriptions may now require a prior authorization (prior approval from Medica). Members will need to ask their doctor to submit a prior authorization request before the member's doctor prescribes it. Prior authorization requests will be accepted for review starting January 1, 2020.
- **Mail Order:** Members can request to have prescriptions filled and mailed directly to their preferred location using Express Scripts.

## How is Medica helping members through the changes?

We're taking a number of steps to help members understand the changes we're making to our pharmacy program.

**Member specific communication:** If a member is affected by prescription or pharmacy network coverage changes, they'll receive a letter with details about their specific changes. Members will also receive information about requesting exceptions if needed.

**Special Website:** A special website providing information about our pharmacy program changes, including details about new tools and resources, will be available. Members and providers can visit [medica.com/RxChanges](https://medica.com/RxChanges) to learn more.

**Call Center Training:** Our Medica call center staff is prepared to help members understand and learn more about our pharmacy program changes. Members may call the Member Service number listed on the back of their Medica ID card for any questions related to their Medica benefits. Special phone numbers have been created to support the transition. Members who are impacted by a change are advised to call these numbers directly if they have questions about the transition to Express Scripts. These special phone numbers are included in member letters discussing their prescription coverage changes.

**Partner Education:** We are sharing communications about the pharmacy program changes, including this FAQ, with providers, care coordinators, community organizations and counties.

## What do impacted members need to do?

Members should watch their mail for information about changes to our pharmacy program. In addition, members can visit our special website at [medica.com/RxChanges](https://medica.com/RxChanges).

## What is the provider communication plan?

We are notifying providers using multiple stages of communication over several months. These include general notification and education through our website ([medica.com](https://medica.com)), our special website ([medica.com/RxChanges](https://medica.com/RxChanges)), e-newsletter, alert e-mails, web-based trainings and may include some mailings. There are also plans for targeted outreach to key contacts at network provider groups.

## Will the pharmacy program website change?

Yes. On January 1, 2020, Medica's current pharmacy program website, powered by CVS Caremark, will be replaced by a new website, powered by Express Scripts®. Members can access this new pharmacy program website on a computer or mobile device through our Medica portal at [medica.com/members](https://medica.com/members).

## Can members get access to their historical prescription information after the new pharmacy program goes into effect?

If a member needs to print their 2019 (January through December), prescription history for a provider or for tax purposes, they will have access to this information on the CVS Caremark website until January 1, 2022. Members will need to log in directly to [www.caremark.com](https://www.caremark.com).

## Is there a mobile app?

Yes. Members will also have access to a mobile app that can help them save money and manage their prescription benefits on the go. Members can download the "Express Scripts®" app from the Apple AppStore, or get it on Google Play. The app is free to download.

## Will members need a new username and password for the new pharmacy program website or mobile app?

Yes. To register for an account on the new pharmacy program website or app, powered by Express Scripts®, users must provide a little information about himself/herself and select a unique username and password.

The pharmacy program website and app share the same information, so one registration allows users access to both.

## What features will be available using the new digital tools?

Using the new pharmacy program website or mobile app, members can manage their prescription benefits on the go, including when they are at the doctor's office. The same great features they are used to accessing are still available, including a price a medication tool, a pharmacy locator tool, access to their digital ID card and ability to view their claims history.

## Will members need a new Medica ID card?

Yes. Members will receive a new Medica ID card which includes new information for their pharmacy. Starting January 1, 2020, it is important that the member present their new Medica ID card each time they visit the pharmacy to receive the right coverage for their prescriptions.

## How many pharmacies will members have access to?

Members will continue to have access to a broad network of 68,000 pharmacies – including chain pharmacies (Walgreens, CVS Pharmacy etc.) and neighborhood pharmacies. Select Medicare plans may be affected by a new preferred/non-preferred network.

## The pharmacy the member currently uses is no longer in-network – what should they do?

Members can use our online Pharmacy Locator tool, which will be available to find a new pharmacy. They can also call Medica Member Services at the number on the back of their Medica ID card and we can help them find a new pharmacy.

## What if a pharmacy wants to be in the network?

The pharmacy can contact the Express Scripts Pharmacy Help Desk at **1-800-922-1557** (toll free) to request participation in the network.

## What happens to a member's prescriptions at a pharmacy that's not in-network?

The member should contact their previous pharmacy to transfer their prescriptions to an in-network pharmacy. If their prescriptions are expired or out of refills, their doctor may send new prescriptions to the pharmacy that is in-network.

## What happens if a member keeps using an out-of-network pharmacy?

Members need to fill prescription drugs at a network pharmacy in order to receive full benefit coverage. If the member continues to use a pharmacy outside the network, they may not have coverage for their prescription drugs. Please have the member contact Member Services at the number on the back of their Medica ID card for more details.

## Will members be able to continue filling their prescriptions using mail order?

Yes, if a member has prescriptions for a long-term condition, getting their drugs through the mail will still be a convenient option. Members who have a mail order prescription benefit will use Express Scripts Pharmacy. Prescription mail order benefits are not available to members with Medicaid (MHCP) plans.

In most cases, refills remaining at CVS Caremark Mail Service Pharmacy will automatically transfer to the Express Scripts Pharmacy<sup>SM</sup>.\* Members will not need to take action until they fill their first mail order prescription in 2020. They will have the option to request a refill online or by phone with Express Scripts Pharmacy. Details about this process will be available to members on the Medica portal at [medica.com/members](https://medica.com/members).

\*Prescriptions for controlled substances can't be transferred to the Express Scripts Pharmacy. Members taking a controlled substance will need a new prescription from their doctor.

## Will a prior authorization on file transfer to Express Scripts®?

Some active prior authorizations will be transferred automatically on January 1, 2020.

If a new prior authorization is needed, the member can initiate a request on January 1, 2020, with their prescriber.

## Will there be changes to Medica's List of Covered Drugs (formulary)?

Yes. Starting January 1, 2020, Medica's List of Covered Drugs (formulary) will change. Some members will see changes in their prescription coverage for certain drugs and supplies.

If the member is currently using a drug or supply and their coverage changes, they will receive a letter in the mail that explains the change and their options. The letter will also include information to help the member find a covered drug.

## Will there be changes to specialty drugs?

Medica will continue to offer specialty medications through our preferred Specialty Drug Program vendor, Accredo Specialty Pharmacy. Some members may have a different designated preferred specialty pharmacy vendor. Members with Part D prescription plans may use any specialty pharmacy they choose. In some instances, prior authorization may be required before a member can fill their drug at the specialty pharmacy.

Members who use the Accredo Specialty Pharmacy website or mobile app will need to re-register with their new "Rx Number" found on their prescription to ensure their benefits information links to their profile. Instructions will be provided to members about actions required.

## How can a member request an exception for continued coverage of their current drug or supply?

The member's doctor can find the information they need to make a request on the member's behalf at [medica.com/rxpa](https://medica.com/rxpa).

## Can members still get a 90-day supply of their drug(s)?

Yes. For convenience, members can get a 90-day supply of a drug that they take regularly.

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