

# Member Service Information

For your EnvisionRx pharmacy benefit & prescription mail order option

## Support for your pharmacy benefit

### Register to manage your benefit online

To manage your benefits conveniently online, register at [envisionrx.com](http://envisionrx.com) and see your:

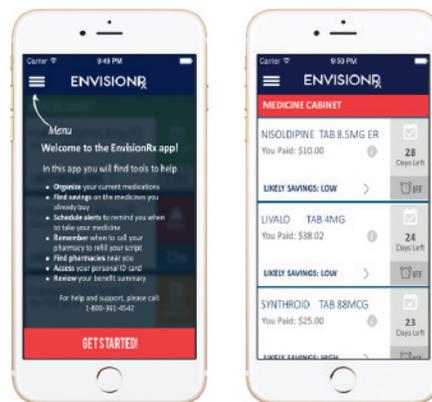
- Secure login
- Important information in a single dashboard
- Best ways to save
- Drug information and pricing
- Rx coverage and Preferred Drug List
- Recent prescriptions
- Nearest pharmacy
- ID card online (and how to print)

### Download the EnvisionRx member app

Our free app gives you a secure way to help manage your prescription benefit on your mobile device.

Features include:

- Digital ID card
- Locate in-network pharmacy
- Medicine Cabinet for access to prescription claims information, including days until next refill
- Benefit and cost information
- Plan-specific cost savings opportunities
- Refill reminders
- Secure connection



### Contact our Member Services Help Desk

Your pharmacy benefit includes 24/7/365 support for any questions you may have

**Phone:** 844-852-7437

**Email:** [customerservice@envisionrx.com](mailto:customerservice@envisionrx.com)

## Receive prescriptions through the mail

Your plan offers mail order services through EnvisionMail pharmacy that lets you order prescriptions from the convenience of your home. Mail order is an excellent way to receive prescriptions you will be taking on an ongoing basis, without having to worry about availability at your local pharmacy. Dependent on plan design, members often save money by getting reduced copays for using mail order to receive longer (90-day) fills!

To start getting prescriptions through the mail, you need to register using one of these easy, secure options:

- Online — recommended — visit [envisionpharmacies.com](http://envisionpharmacies.com) and select “Not registered? Click here to register.” Your account will activate within 24 hours. By registering online, you can also track the progress of your orders.
- Phone: 866-909-5170 (TTY 711), Monday-Friday 8 a.m. – 10 p.m. (EST) and Saturday 8:30 a.m. – 4:30 p.m. (EST)



## The Reta Trust – EnvisionRx Prescription Drug Plan Pharmacy Schedule of Benefits

Summary of Benefits	Generic	Brand Formulary	Brand Non Formulary
<b>Retail Pharmacy Copayment (per Prescription Unit or up to 30 days)</b>	<b>\$10</b>	<b>\$20</b>	<b>\$30</b>
<b>Mail-Service Pharmacy Copayment (up to 3 Prescription Units or up to 90 days)</b>	<b>\$20</b>	<b>\$40</b>	<b>\$60</b>
<b>Specialty Pharmacy Copayment (up to 30 days)</b>	<b>\$30</b>	<b>\$30</b>	<b>\$30</b>
<b>Reta Value Options (RVO) Market Priced Drugs</b>	<b>See below description</b>		

### What is my Schedule of Benefits?

This Schedule of Benefits provides specific details about your Prescription Drug Benefit, as well as its exclusions and limitations.

### How do I use my Prescription Drug Benefit?

Your Prescription Drug Benefit helps to cover the cost for some of the medications prescribed by a licensed Physician. Using your benefit is simple.

- Present your doctor's prescription and EnvisionRx ID card at any EnvisionRx Participating Pharmacy.
- Pay the Copayment for a Prescription Unit or its retail cost, whichever is less.
- Receive your medication.

### What do I pay when I fill a prescription?

You will pay a Copayment when filling a prescription at an EnvisionRx Participating Pharmacy. You will pay a Copayment every time a prescription is filled until you reach your medical plan annual out-of-pocket maximum. Your benefits are as follows:

- When you fill or refill a prescription for a generic medication, your Copayment is \$10 for a 30-day supply (excluding maintenance medications).
- When you fill or refill a prescription for a Formulary brand-name medication, your Copayment is \$20 for a 30-day supply (excluding maintenance medications).
- When you fill or refill a prescription for a Non-Formulary brand-name medication, your Copayment is \$30 for a 30-day supply (excluding maintenance medications).

**MAINTENANCE MEDICATIONS:** For all Maintenance Medications you are allowed 3 fills for a 30 day supply at a retail pharmacy for your standard copay. At the 4<sup>th</sup> fill you will have two options:

**Option 1:** To continue to fill at retail pharmacy for a 30 day supply but for double the standard copay.

**Option 2:** To switch to EnvisionMail for a 90 day supply for the mail order copay.

If you choose to switch to mail order, please contact EnvisionMail at 1-866-909-5170 to set up your account.

You also must **REGISTER** your member information with EnvisionMail Pharmacy. You may use any of the following 3 easy registration options:

1. **Online: (Recommended method)** Visit [www.envisionpharmacies.com](http://www.envisionpharmacies.com) and select **Not registered? Click here to register**. Your account will activate within 24 hours. By registering online, you can also track the progress of their orders.
2. **Phone:** Call EnvisionMail Pharmaceutical Services Customer Service at 1-866-909-5170 to speak with a representative.
3. **Mail:** Complete the Registration and Prescription Order Form enclosed in this packet.

Once registered, you may mail the original 90 day supply prescription(s) with the enclosed brochure or your physician can fax your prescription(s) to EnvisionMail at 1-866-909-5171. Please be sure that your prescriber includes your date of birth and contact information on the fax. Only faxes sent from a physician's office will be valid.

## Reta Value Options (RVO)

Many brand-name medications have generics, brands, or over-the-counter (OTC) equivalents available that cost less and are FDA-approved drugs with similar effectiveness. RVO drugs are:

- The most cost-effective FDA-approved drugs (generics, brands or OTC equivalents) that provide a therapeutically equivalent result, based on available medical evidence.
- Designated as the formulary drug for each therapeutic category (a therapeutic category is a group of drugs that treat a given diagnosis, such as statins used to treat high cholesterol).

If you are taking a drug in an RVO therapeutic category that is not the formulary RVO medication, you will be contacted by EnvisionRx after your 1<sup>st</sup> prescription is filled with more information about the RVO program and your options.

## How Reta Value Options Works

Under Reta Value Options pricing, you can choose to continue to use a drug that has a lower-priced, formulary drug equivalent, but Reta will pay only the amount it would have paid for the therapeutically similar drug that costs less (the RVO drug). You will pay the difference between the full market price of your prescription and the full market price of the lowest cost RVO therapeutic alternative plus the copay for the lowest cost therapeutic alternative.

The Plan's contribution for all therapeutic alternatives is based on what the Plan currently contributes to the lowest cost alternative. The Plan does not provide a greater subsidy or benefit for more expensive, therapeutically similar, medications. If you use a Non-Preferred Drug, you will pay more for it when you fill the prescription. You may avoid the cost increase by taking action and talking with your doctor about Preferred Drugs as alternatives to Non-Preferred Drugs.

Log in to your member profile at [www.EnvisionRx.com](http://www.EnvisionRx.com) to find out how much your current prescription drugs cost and research Preferred Drugs. Using this information, you'll be able to work more effectively with your doctor to make informed decisions about medications. All the drug options have been approved by the Food and Drug Administration (FDA) for safety.

## When I fill a prescription, how much medication do I receive?

- For a single retail Copayment, Members receive either one Prescription Unit or up to a 30-day supply of a drug.
- When you use the EnvisionMail Service Pharmacy program, you will receive three Prescription Units or up to a 90-day supply of maintenance medications.

## What if the Preferred Drug doesn't work for me?

Your physician can file for a RVO Exception Request Form, by calling EnvisionRx at **1-844-852-7437**, to have you continue using a Non-Preferred Drug. Typically, exceptions are requested for reasons like the following:

- You've tried the Preferred Drug and it doesn't work as well as the Non-Preferred Drug.
- The Preferred Drug won't work with other medications you take.
- Your Physician feels your condition would be better treated with a Non-Preferred Drug.
- If the request is approved, you pay the applicable generic or brand copayment for the drug.

## How can I request a Physician exception form?

You can call EnvisionRx at **1-844-852-7437**, and ask them to fax a Physician exception form to your Physician. Please note: your physician must complete and submit the form to using the fax number on the form. EnvisionRx will perform a detailed clinical review and then notify you and your physician of the decision. If you disagree with the decision, you have the right to file an appeal with EnvisionRx.

## What else do I need to know?

- You should become familiar with EnvisionRx' prescription drug Formulary. Any medication not on the Formulary you will pay the higher non-formulary copayment. For more information on the Formulary, please visit [www.EnvisionRx.com](http://www.EnvisionRx.com).
- It is possible to buy a brand-name drug in place of a generic equivalent, even though the generic drug is the only one listed on our Formulary. Your cost, however, will be higher (Non-Formulary copayment). For more information, please continue to "Medications Covered by Your Benefit" and read the description for Generic Drugs.

## ADDITIONAL INFORMATION

### Medications Covered by Your Benefit

The following medications are included in the EnvisionRx managed Formulary and are available to your Physician.

- Federal Legend Drugs: Any medicinal substance which bears the legend: "Caution: Federal law prohibits dispensing without a prescription."
- State Restricted Drugs: Any medicinal substance that may be dispensed by prescription only according to state law.
- Generic Drugs: Comparable generic drugs may be substituted for brand-name drugs.
- For the purposes of determining coverage, the following items are considered prescription drug benefits: glucagon, insulin, insulin syringes, blood glucose test strips, lancets, inhaler extender devices, urine test strips and anaphylaxis prevention kits (including, but not limited to, EpiPen<sup>®</sup>, Ana-Kits<sup>®</sup> and Ana-Guard<sup>®</sup>).
- Injectable drugs (except as listed under "Exclusions and Limitations").

### Exclusions and Limitations

While the Prescription Drug Benefit covers most medications, there are some that are not covered:

- Drugs or medicines purchased and received prior to the Member's effective date or subsequent to the Member's termination.
- Therapeutic devices or appliances, including hypodermic needles, syringes (except insulin syringes), support garments and other nonmedicinal substances.
- All nonprescription (over-the-counter) contraceptive jellies, ointments, foams or devices.
- Contraceptives prescribed for birth control
- Medications to be taken or administered to the eligible Member while a patient in a hospital, rest home, nursing home, sanitarium, etc.
- Drugs or medicines delivered or administered to the Member by the prescriber or the prescriber's staff.
- Dietary supplements, including vitamins and fluoride supplements (except prenatal), health or beauty aids, herbal supplements and/or Alternative Medicine.
- Bulk Chemicals used in compounded medications.
- Medication for which the cost is recoverable under any workers' 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 patient.
- Medication prescribed for Experimental or Investigational therapies, unless required by an external independent review panel pursuant to California Health and Safety Code Section 1370.4. For non-Food-and-Drug-Administration-approved indications, see the following exclusion.
- Off-Label Drug Use: Off-Label Drug Use means that the Provider has prescribed a drug approved by the Food and Drug Administration (FDA) for a use that is different than that for which the FDA approved the drug. EnvisionRx excludes coverage for Off-Label Drug Use, including off-label self-injectable drugs, except as described in the Subscriber Agreement and any applicable Attachments. If a drug is prescribed for Off-Label Drug Use, the drug and its administration will be covered only if it satisfies the following criteria:
  - o The drug is approved by the FDA.
  - o The drug is prescribed by a licensed health care professional for the treatment of a life-threatening condition or for a chronic and seriously debilitating condition.
  - o The drug is Medically Necessary to treat the condition.
  - o The drug has been recognized for treatment of the life-threatening or chronic and seriously debilitating condition by one of the following: The American Medical Association Drug Evaluations; The American Hospital Formulary Service Drug Information; the United States Pharmacopeia Dispensing Information; or in two articles from major peer-reviewed medical journals that present data supporting the proposed

Off-Label Drug Use or Uses as generally safe and effective.

- o The drug is administered as part of a core medical benefit as determined by EnvisionRx. Nothing in this section shall prohibit EnvisionRx from use of a Formulary, Copayment, technology assessment panel or similar mechanism as a means for appropriately controlling the utilization of a drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the FDA. Denial of a drug as investigational or experimental will allow the Member to use the Independent Medical Review System as defined in the medical Combined Evidence of Coverage and Disclosure Form.

- Medications available without a prescription (over-the-counter) or for which there is a nonprescription equivalent available, even if ordered by a Physician.
- Elective or voluntary enhancement procedures, services, supplies and medications, including, but not limited to, weight loss, hair growth, athletic performance, cosmetic purposes, anti-aging and mental performance. Examples of these drugs include, but are not limited to, Penlac, Retin-A, Renova, Vaniqa, Propecia, Lustra, Xenical or Meridia.
- Drugs used for diagnostic purposes.
- Saline and irrigation solutions.
- Replacement of lost, stolen or destroyed medications. EnvisionRx reserves the right to expand the prior authorization requirement for any drug product to assure adherence to FDA-approved indications and national practice standards.

### **The Appeals Process**

EnvisionRx contracts with a leading independent review organization (IRO) for the administration and determination of appeals. Your appeal will be reviewed and you will be notified in writing of the determination within 30 calendar days of EnvisionRx receipt of the appeal. If your appeal is denied, your written response will include the specific reason for the decision, describe the criteria or guidelines or benefit provision on which the denial decision was based, and notification that upon request the Member may obtain a copy of the actual benefit provision, guideline protocol or other similar criterion on which the denial is based. For determinations delaying, denying or modifying health care services based on a finding that the services are not Covered Services, the response will specify the provisions in the pharmacy plan documents that exclude that coverage. If you are not satisfied with the outcome of the first appeal, you may request a second appeal within four months of the initial appeal.

### **Expedited Review Appeals Process**

Appeals involving an imminent and serious threat to your health including, but not limited to, severe pain or the potential loss of life, limb or major bodily function will be immediately referred to the IRO's clinical review personnel. Expedited appeals will be reviewed and you will be notified of the determination within 72 hours from EnvisionRx receipt of the appeal. If your case does not meet the criteria for an expedited review, it will be reviewed under the standard appeal process.

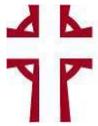
### **Specialty Pharmacy (Injectable Medications)**

Envision Specialty Pharmacy will conveniently deliver your Injectable medications to your home or physician's office, or other location of choice. And there is no charge for shipping! Your prescription drug benefit allows one grace fill at any retail pharmacy, for up to a 30-day supply each, to ensure you continue receiving your specialty medication(s) as scheduled. After that, you are required to utilize Envision Specialty Pharmacy for your specialty medications. Because specialty medications can be more difficult to manage, Envision Specialty Pharmacy offers the following patient support services at no charge:

- Personalized support to help you achieve the best results from your prescribed therapy
- Convenient delivery to your home or prescriber's office
- Easy access to a Care Team who can answer medication questions, provide educational materials about your condition, help you manage any potential medication side effects, and provide confidential support—all with one toll-free phone call.
- If you have any questions, or to begin taking advantage of these complimentary patient support services, please call Envision Specialty Pharmacy at **1-877-437-9012**.

### **Who should I call with questions?**

- Call EnvisionRx at **1-844-852-7437** for direct access to their customer service line.



## The Reta Trust – EnvisionRx Prescription Drug Plan Pharmacy Schedule of Benefits

Summary of Benefits	Generic	Brand Formulary	Brand Non Formulary
<b>Retail Pharmacy Copayment (per Prescription Unit or up to 30 days)</b>	<b>\$10</b>	<b>\$25</b>	<b>\$40</b>
<b>Mail-Service Pharmacy Copayment (up to 3 Prescription Units or up to 90 days)</b>	<b>\$20</b>	<b>\$50</b>	<b>\$80</b>
<b>Specialty Pharmacy Copayment (up to 30 days)</b>	<b>\$40</b>	<b>\$40</b>	<b>\$40</b>
<b>Reta Value Options (RVO) Market Priced Drugs</b>	<b>See below description</b>		

### What is my Schedule of Benefits?

This Schedule of Benefits provides a summary of your Prescription Drug Benefit, as well as its exclusions and limitations.

### How do I use my Prescription Drug Benefit?

Your Prescription Drug Benefit helps to cover the cost for some of the medications prescribed by a licensed Physician. Using your benefit is simple.

- Present your doctor's prescription and EnvisionRx ID card at any EnvisionRx Participating Pharmacy.
- Pay the Copayment for a Prescription Unit or its retail cost, whichever is less.
- Receive your medication.

### What do I pay when I fill a prescription?

You will pay a Copayment when filling a prescription at an EnvisionRx Participating Pharmacy. You will pay a Copayment every time a prescription is filled until you reach your medical plan annual out-of-pocket maximum. Your benefits are as follows:

- When you fill or refill a prescription for a generic medication, your Copayment is \$10 for a 30-day supply (excluding maintenance medications).
- When you fill or refill a prescription for a Formulary brand-name medication, your Copayment is \$25 for a 30-day supply (excluding maintenance medications).
- When you fill or refill a prescription for a Non-Formulary brand-name medication, your Copayment is \$40 for a 30-day supply (excluding maintenance medications).

**MAINTENANCE MEDICATIONS:** For all Maintenance Medications you are allowed 3 fills for a 30 day supply at a retail pharmacy for your standard copay. At the 4<sup>th</sup> fill you will have two options:

**Option 1:** To continue to fill at retail pharmacy for a 30 day supply but for double the standard copay.

**Option 2:** To switch to EnvisionMail for a 90 day supply for the mail order copay.

If you choose to switch to mail order, please contact EnvisionMail at 1-866-909-5170 to set up your account.

You also must **REGISTER** your member information with EnvisionMail Pharmacy. You may use any of the following 3 easy registration options:

1. **Online: (Recommended method)** Visit [www.envisionpharmacies.com](http://www.envisionpharmacies.com) and select **Not registered? Click here to register.** Your account will activate within 24 hours. By registering online, you can also track the progress of their orders.
2. **Phone:** Call EnvisionMail Pharmaceutical Services Customer Service at 1-866-909-5170 to speak with a representative.
3. **Mail:** Complete the Registration and Prescription Order Form enclosed in this packet.

Once registered, you may mail the original 90 day supply prescription(s) with the enclosed brochure or your physician can fax your prescription(s) to EnvisionMail at 1-866-909-5171. Please be sure that your prescriber includes your date of birth and contact information on the fax. Only faxes sent from a physician's office will be valid.

## Reta Value Options (RVO)

Many brand-name medications have generics, brands, or over-the-counter (OTC) equivalents available that cost less and are FDA-approved drugs with similar effectiveness. RVO drugs are:

- The most cost-effective FDA-approved drugs (generics, brands or OTC equivalents) that provide a therapeutically equivalent result, based on available medical evidence.
- Designated as the formulary drug for each therapeutic category (a therapeutic category is a group of drugs that treat a given diagnosis, such as statins used to treat high cholesterol).

If you are taking a drug in an RVO therapeutic category that is not the formulary RVO medication, you will be contacted by EnvisionRx after your 1<sup>st</sup> prescription is filled with more information about the RVO program and your options.

## How Reta Value Options Works

Under Reta Value Options pricing, you can choose to continue to use a drug that has a lower-priced, formulary drug equivalent, but Reta will pay only the amount it would have paid for the therapeutically similar drug that costs less (the RVO drug). You will pay the difference between the full market price of your prescription and the full market price of the lowest cost RVO therapeutic alternative plus the copay for the lowest cost therapeutic alternative.

The Plan's contribution for all therapeutic alternatives is based on what the Plan currently contributes to the lowest cost alternative. The Plan does not provide a greater subsidy or benefit for more expensive, therapeutically similar, medications. If you use a Non-Preferred Drug, you will pay more for it when you fill the prescription. You may avoid the cost increase by taking action and talking with your doctor about Preferred Drugs as alternatives to Non-Preferred Drugs.

Log in to your member profile at [www.EnvisionRx.com](http://www.EnvisionRx.com) to find out how much your current prescription drugs cost and research Preferred Drugs. Using this information, you'll be able to work more effectively with your doctor to make informed decisions about medications. All the drug options have been approved by the Food and Drug Administration (FDA) for safety.

## When I fill a prescription, how much medication do I receive?

- For a single retail Copayment, Members receive either one Prescription Unit or up to a 30-day supply of a drug.
- When you use the EnvisionMail Service Pharmacy program, you will receive three Prescription Units or up to a 90-day supply of maintenance medications.

## What if the Preferred Drug doesn't work for me?

Your physician can file for a Physician Exception Request Form, by calling EnvisionRx at **1-844-852-7437**, to have you continue using a Non-Preferred Drug. Typically, exceptions are requested for reasons like the following:

- You've tried the Preferred Drug and it doesn't work as well as the Non-Preferred Drug.
- The Preferred Drug won't work with other medications you take.
- Your Physician feels your condition would be better treated with a Non-Preferred Drug.
- If the request is approved, you pay the applicable generic or brand copayment for the drug.

## How can I request a Physician exception form?

You can call EnvisionRx at **1-844-852-7437**, and ask them to fax a Physician exception form to your Physician. Please note: your physician must complete and submit the form to using the fax number on the form. EnvisionRx will perform a detailed clinical review and then notify you and your physician of the decision. If you disagree with the decision, you have the right to file an appeal with EnvisionRx

## What else do I need to know?

- You should become familiar with EnvisionRx' prescription drug Formulary. Any medication not on the Formulary you will pay the higher non-formulary copayment. For more information on the Formulary, please visit [www.EnvisionRx.com](http://www.EnvisionRx.com).
- It is possible to buy a brand-name drug in place of a generic equivalent, even though the generic drug is the only one listed on our Formulary. Your cost, however, will be higher (Non-Formulary copayment). For more information, please continue to "Medications Covered by Your Benefit" and read the description for Generic Drugs.

## ADDITIONAL INFORMATION

### Medications Covered by Your Benefit

The following medications are included in the EnvisionRx managed Formulary and are available to your Physician.

- Federal Legend Drugs: Any medicinal substance which bears the legend: "Caution: Federal law prohibits dispensing without a prescription."
- State Restricted Drugs: Any medicinal substance that may be dispensed by prescription only according to state law.
- Generic Drugs: Comparable generic drugs may be substituted for brand-name drugs.
- For the purposes of determining coverage, the following items are considered prescription drug benefits: glucagon, insulin, insulin syringes, blood glucose test strips, lancets, inhaler extender devices, urine test strips and anaphylaxis prevention kits (including, but not limited to, EpiPen<sup>®</sup>, Ana-Kits<sup>®</sup> and Ana-Guard<sup>®</sup>).
- Injectable drugs (except as listed under "Exclusions and Limitations").

### Exclusions and Limitations

While the Prescription Drug Benefit covers most medications, there are some that are not covered:

- Drugs or medicines purchased and received prior to the Member's effective date or subsequent to the Member's termination.
- Therapeutic devices or appliances, including hypodermic needles, syringes (except insulin syringes), support garments and other nonmedicinal substances.
- All nonprescription (over-the-counter) contraceptive jellies, ointments, foams or devices.
- Contraceptives prescribed for birth control
- Medications to be taken or administered to the eligible Member while a patient in a hospital, rest home, nursing home, sanitarium, etc.
- Drugs or medicines delivered or administered to the Member by the prescriber or the prescriber's staff.
- Dietary supplements, including vitamins and fluoride supplements (except prenatal), health or beauty aids, herbal supplements and/or Alternative Medicine.
- Bulk Chemicals used in compounded medications.
- Medication for which the cost is recoverable under any workers' 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 patient.
- Medication prescribed for Experimental or Investigational therapies, unless required by an external independent review panel pursuant to California Health and Safety Code Section 1370.4. For non-Food-and-Drug-Administration-approved indications, see the following exclusion.
- Off-Label Drug Use: Off-Label Drug Use means that the Provider has prescribed a drug approved by the Food and Drug Administration (FDA) for a use that is different than that for which the FDA approved the drug. EnvisionRx excludes coverage for Off-Label Drug Use, including off-label self-injectable drugs, except as described in the Subscriber Agreement and any applicable Attachments. If a drug is prescribed for Off-Label Drug Use, the drug and its administration will be covered only if it satisfies the following criteria:
  - o The drug is approved by the FDA.
  - o The drug is prescribed by a licensed health care professional for the treatment of a life-threatening condition or for a chronic and seriously debilitating condition.
  - o The drug is Medically Necessary to treat the condition.
  - o The drug has been recognized for treatment of the life-threatening or chronic and seriously debilitating condition by one of the following: The American Medical Association Drug Evaluations; The American Hospital Formulary Service Drug Information; the United States Pharmacopeia Dispensing Information; or in two articles from major peer-reviewed medical journals that present data supporting the proposed

Off-Label Drug Use or Uses as generally safe and effective.

- o The drug is administered as part of a core medical benefit as determined by EnvisionRx. Nothing in this section shall prohibit EnvisionRx from use of a Formulary, Copayment, technology assessment panel or similar mechanism as a means for appropriately controlling the utilization of a drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the FDA. Denial of a drug as investigational or experimental will allow the Member to use the Independent Medical Review System as defined in the medical Combined Evidence of Coverage and Disclosure Form.
- Medications available without a prescription (over-the-counter) or for which there is a nonprescription equivalent available, even if ordered by a Physician.
- Elective or voluntary enhancement procedures, services, supplies and medications, including, but not limited to, weight loss, hair growth, athletic performance, cosmetic purposes, anti-aging and mental performance. Examples of these drugs include, but are not limited to, Penlac, Retin-A, Renova, Vaniqa, Propecia, Lustra, Xenical or Meridia.
- Drugs used for diagnostic purposes.
- Saline and irrigation solutions.
- Replacement of lost, stolen or destroyed medications. EnvisionRx reserves the right to expand the prior authorization requirement for any drug product to assure adherence to FDA-approved indications and national practice standards.

### **The Appeals Process**

EnvisionRx contracts with a leading independent review organization (IRO) for the administration and determination of appeals. Your appeal will be reviewed and you will be notified in writing of the determination within 30 calendar days of EnvisionRx receipt of the appeal. If your appeal is denied, your written response will include the specific reason for the decision, describe the criteria or guidelines or benefit provision on which the denial decision was based, and notification that upon request the Member may obtain a copy of the actual benefit provision, guideline protocol or other similar criterion on which the denial is based. For determinations delaying, denying or modifying health care services based on a finding that the services are not Covered Services, the response will specify the provisions in the pharmacy plan documents that exclude that coverage. If you are not satisfied with the outcome of the first appeal, you may request a second appeal within four months of the initial appeal.

### **Expedited Review Appeals Process**

Appeals involving an imminent and serious threat to your health including, but not limited to, severe pain or the potential loss of life, limb or major bodily function will be immediately referred to the IRO's clinical review personnel. Expedited appeals will be reviewed and you will be notified of the determination within 72 hours from EnvisionRx receipt of the appeal. If your case does not meet the criteria for an expedited review, it will be reviewed under the standard appeal process.

### **Specialty Pharmacy (Injectable Medications)**

Envision Specialty Pharmacy will conveniently deliver your Injectable medications to your home or physician's office, or other location of choice. And there is no charge for shipping! Your prescription drug benefit allows one grace fill at any retail pharmacy, for up to a 30-day supply each, to ensure you continue receiving your specialty medication(s) as scheduled. After that, you are required to utilize Envision Specialty Pharmacy for your specialty medications. Because specialty medications can be more difficult to manage, Envision Specialty Pharmacy offers the following patient support services at no charge:

- Personalized support to help you achieve the best results from your prescribed therapy
- Convenient delivery to your home or prescriber's office
- Easy access to a Care Team who can answer medication questions, provide educational materials about your condition, help you manage any potential medication side effects, and provide confidential support—all with one toll-free phone call.
- If you have any questions, or to begin taking advantage of these complimentary patient support services, please call Envision Specialty Pharmacy at **1-877-437-9012**.

### **Who should I call with questions?**

- Call EnvisionRx at **1-844-852-7437** for direct access to their customer service line.