

2023 Pharmacy Benefit Package FAQ

The Pharmacy Benefit Package promotes preventive medicine and vital supplies that improve overall health and wellness, shifts costs of specialty medications to manufacturers, and supports member experience with added convenience and savings.

Expanded Preventive Drug List (PDL)

Q. Why is the Preventive Drug List changing?

- A. Removing member cost-share promotes the use of these drugs and provides access to cost-effective, safe chronic preventive medications that support positive health outcomes and improve our members' quality of life.

Q. What is changing?

- A. Dean Health Plan is expanding medications covered on the Preventive Drug List (PDL) at \$0 member cost-share to include:
- Preferred behavioral health medications (includes preferred SSRIs, non-SSRI antidepressants, and antipsychotics)
 - Preferred brand diabetes medications, preferred insulin and non-insulin injectables, preferred diabetic supplies
 - Preferred inhalers and nebulizer solutions

Q. When will this change go into effect?

- A. The expanded Preventive Drug List will be effective for Large Group members upon their renewal date in 2023.

Q. Where can members find which medications and supplies are part of the PDL?

- A. On the formulary page of Dean Health Plan's website, deancare.com/drugformulary.

Q. Which groups are not eligible for this change?

- A. Excludes FEHB, ETF, and Aon members.

\$0 Preferred Diabetic Supplies

Q. Why is it changing?

- A. Including preferred diabetic supplies within the Preventive Drug List eliminates confusion in locating \$0 benefits on multiple documents.

Q. What is changing?

- A. Dean Health Plan is adding preferred diabetic supplies to the Preventive Drug List at \$0 cost-share.

Q. What preferred supplies are now included?

- A. Preferred brand diabetic supplies such as blood glucose test strips, ketone test strips, continuous glucose monitoring supplies, syringes, lancets, pen needles and glucagon.

Q. When does this change go into effect?

- A. This will be included with the expanded Preventive Drug List and will take effect upon a Large Group members' renewal date in 2023.

Q. Which groups are not eligible for this change?

- A. Excludes FEHB, ETF, and Aon members.

3 to 4 Tier Formulary

Q. Why is the formulary changing?

- A. Specialty drug utilization affects less than 1% of the population, but carries the highest cost of all pharmaceuticals. Shifting those costs to the manufacturer with coupon usage delivers savings for members and employers.

Q. What is changing?

- A. Ceasing sales of the 3-tier pharmacy formulary, instead offering a 4-tier select pharmacy formulary with standard coinsurance benefit design on the 4th tier.

Q. Is there an out-of-pocket maximum for the 4th tier specialty drugs?

- A. No. The intent is to shift expense from members, employer groups, and the health plan by maximizing savings through manufacturer coupons.

Q. Is there a way to offset the increased costs in the 4th tier?

- A. Yes, the increase in copay or coinsurance to the member in the 4th tier will be offset by using the manufacturer coupons available. Lumicera, the mandatory specialty pharmacy, already has processes in place to connect members beginning a new prescription that has an associated manufacturer coupon.

Q. Do all tier 4 medications have a manufacturer coupon?

- A. Exceptions include a Multiple Sclerosis drug that has formulary alternatives with the same clinical effectiveness and coupon availability, and infertility drugs where current members with an infertility benefit are responsible for 50% coinsurance.

Q. How does a member get set up with a coupon?

- A. When specialty pharmacy Lumicera (or preferred Limited Distribution Drug (LDD) Specialty Pharmacy) receives a new prescription request for a tier 4 drug, they will look for an available coupon and either automatically enroll the member or reach out to the member directly to facilitate enrollment prior to dispensing the first fill of the specialty medication.

Q. Do manufacturer coupon programs have an annual maximum limit for coverage?

- A. Coupon programs vary significantly per drug/ manufacturer. There are a few select drugs that have a maximum annual limit of coverage*. The specialty pharmacy will share details and limitations of specific coupon programs with the member upon enrollment.

*Coupon programs are subject to change at any time

Q. What happens if a member reaches the maximum annual limit of coupon coverage?

- A. The specialty pharmacy will assist the member with the following process:
1. Identify if member can afford their copay. If no go to #2;
 2. Identify if any additional grants or non-manufacturer funding is available. If no go to #3;
 3. Identify if member qualifies for the Patient Assistance Program (AKA Manufacturer Free Drug Program). If no go to #4;
 4. Connect with the prescribing provider to determine if an alternative treatment or treatment holiday is appropriate.

Q. When is this change happening?

- A. Starting 1/1/2023 upon renewal.

90-Day Generic Maintenance Drug Program

Q. What is changing?

A. Large Groups that haven't already selected the 90-day maintenance drug program, which requires 90-day fills for maintenance medications after first 3 refills, will be transitioned upon renewal.

Q. How does this benefit the member?

A. Members can access a three month supply with one fill for medications taken regularly to address chronic conditions.

Q. What does the cost share structure

look like for groups who have copays on their pharmacy benefits?

A. Member cost share for 90-day fills will be:

- At mail-order pharmacy: 2 times copay for all tier 1 and tier 2 medications
- At retail pharmacies: 2.5 times copay for tier 1 and tier 2 generic maintenance medications only; 3 times copay for all other tier 1 and tier 2 medications
- Tier 3 at 3 times copay (both mail-order and retail)
- Tier 4 is not eligible for 90-day supply

Q. What happens to groups who have coinsurance on their pharmacy benefits?

A. Members with tier 1 or tier 2 pharmacy benefits with coinsurance will still be charged the full coinsurance amount at both retail and mail order pharmacies.

Q. Does this include High Deductible Health Plan members?

A. Yes. The member cost-share break would apply after deductible is met for benefit designs that include a member copay after deductible is met.