AffinityAccess, AffinityAccess Direct, and AffinityAccess 2.0 Qualified Health Plan (QHP)

2017 List of Covered Drugs

PLEASE READ: THIS DOCUMENT HAS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

Members must use network pharmacies to get their prescription drugs. Your benefits, drug list, pharmacy network, premium and/or copayments/coinsurance may sometimes change.

What is the AffinityAccess QHP Drug List?

A drug list is a list of covered drugs. AffinityAccess QHP works with a team of health care providers to choose drugs that provide quality treatment. AffinityAccess QHP covers drugs on our drug list, as long as:

- The drug is medically necessary
- The prescription is filled at an AffinityAccess QHP network pharmacy
- Other plan rules are followed

For more information on how to fill your prescriptions, please review your subscriber contract.

Can the Drug List change?

We tell affected members about changes at least 60 days before they become effective. Some examples of changes are:

- Removing drugs from our list of covered drugs
- Adding the need for prior approval or authorization (when your doctor needs to explain why you need a specific drug and provide reasons why a preferred drug will not work for you)
- Adding quantity limits (when you can only get a specific amount of a drug at one time)
- Adding step therapy restrictions (when you have to try one type of drug as a first step in treating your condition, before you try another type of drug)
- Moving a medicine to a higher cost-sharing tier (when you have to cover more of the drug cost)

What else could result in changes to the covered drug list?

We remove drugs from our drug list right away and will let members know when:

- The US Food and Drug Administration (FDA) decides that a drug is unsafe
- The drug maker removes the drug from the market

The enclosed drug list is up to date as of **t   1st, 2017**. To get updated information about the drugs covered by AffinityAccess QHP, please visit **www.affinityplan.org** or call CVS Customer Service at 1-855-722-6228, 24 hours/7 days a week. TTY/TDD users, please call 1-800-863-5488.

How do I use the Drug List?

There are 2 ways to find your drug on the drug list:

1. Medical Condition

The drug list starts on page **7**. The drugs on this drug list are grouped by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under "ANTIHYPERTENSIVES".

- If you know what your drug is used for, look for the category name in the list that starts on page **7**.
- Then look under the category name for your drug.

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2. **Alphabetical Listing**

If you are not sure what category to look under, look for your drug in the Index that starts on page **1 8**. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.

- Look in the Index and find your drug.
- Next to your drug, see the page number where you can find coverage information.
- Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

AffinityAccess QHP covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs, but provide the same quality of treatment.

Are there any restrictions on my coverage?

Some covered drugs may have more requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** AffinityAccess QHP needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from AffinityAccess QHP before you fill your prescriptions. If you don't get approval, AffinityAccess QHP may not cover the drug.

- **Quantity Limits:** For certain drugs, AffinityAccess QHP limits the amount of the drug that it will cover. For example AffinityAccess QHP provides   t   s   s

- **Step Therapy:** AffinityAccess QHP needs you to try certain drugs as the first step to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, AffinityAccess QHP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, AffinityAccess QHP will then cover Drug B.

You can find out if your drug has any special requirements or limits by looking on the drug list that starts on page **7**. You can also get more information about the restrictions for specific covered drugs by visiting **www.affinityplan.org**.

You can ask AffinityAccess QHP to make an exception to these restrictions or limits. See the section, "How do I ask for an exception to the AffinityAccess QHP drug list?" on page **4**.

What are over-the counter (OTC) drugs?

OTC drugs are nonprescription drugs that are not usually covered by a prescription drug plan. AffinityAccess QHP pays for certain OTC drugs, but your cost may differ amount the covered OTC drugs. Please see the Drug List Table that starts on page 7 for more information.

Does the Plan cover prescription drugs that are considered "Preventive Services" under the Affordable Care Act?

The U.S. Department of Health and Human Services (HHS) has adopted Guidelines for Preventive Services under the Affordable Care Act (ACA). Under the ACA, some pharmacy benefit plans may provide a range of preventive services for $0 member cost share and are designated as tier 0 on this document. These items may include:
- Aspirin to Prevent Cardiovascular Disease
- Fluoride and/or Iron Supplementation in Children
- Folic Acid Supplementation for Women Expecting or Planning to be Pregnant
- Tobacco Use Counseling and Cessation Intervention
- Immunizations
- Women's Health Preventive Services (i.e. birth control, emergency contraception)

A list of the preventive services covered under the Plan is available on our website at **www.affinityplan.org/HIX-Summary-of-Benefits**/, or will be mailed to you upon request. You may request the list by calling 1-888-543-6973 (the Customer Service number on your identification card.)

What if my drug is not on the Drug List?
If your drug is not on this drug list, call Member Services and make sure that your drug is not covered. If you learn that AffinityAccess QHP does not cover your drug, you have 2 choices:

- You can ask Customer Service for a list of similar drugs that are covered by AffinityAccess QHP. When you get the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by AffinityAccess QHP.

- You can ask AffinityAccess QHP to make an exception and cover your drug. Read on for information about how to ask for an exception.

How do I ask for an exception to the AffinityAccess QHP Drug List?
You can ask AffinityAccess QHP to make an exception to our coverage rules. There are many types of exceptions that you can ask us to make

- You can ask us to cover your drug, even if it is not on our drug list.
- You can ask us to remove coverage restrictions or limits on your drug. For example, for certain drugs, AffinityAccess QHP limits the amount of the drug that we will cover. If your drug has this quantity limit, you can ask us to remove the limit and cover more

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How likely is it that I will get an exception?

Generally, AffinityAccess QHP will only approve your request for an exception if the preferred drugs included on the plan's drug list would:
- Not be as effective in treating your condition
- Cause you to have adverse medical effects

How do I find out if my exception is granted?

When you ask for a drug list exception, please send a statement from your doctor that supports your request. Then:
- We will make our decision within 3 business days of receipt of the information necessary to make a decision.
- You can ask for an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 3 business days for a decision.
- If your expedited (fast) request is granted, we will give you a decision no later than 24 hours after we get your doctor's supporting statement.

For more information

For more information about your AffinityAccess QHP prescription drug coverage, please look at your subscriber contract and other plan materials.

If you have questions about AffinityAccess QHP, please call Customer Service at 1-Service: 1-888-543-6973, 8 am to 6 pm Eastern Time, Monday through Friday. TTY/TDD users, please call 1-800-662-1220. Or visit **www.affinityplan.org/Plans/Health_Benefit_Exchange.aspx**

Affinity Access QHP Drug List

The drug list that starts on page **7** gives coverage information about some of the drugs covered by

AffinityAccess QHP. If you have trouble finding your drug on the list, turn to the Index that starts on page **1 8**.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., **A   A**).

generic drugs are listed in lower-case italics (e.g., *metformin)*.

The information in the Requirements/Limits column tells you if AffinityAccess QHP has any special requirements for coverage of your drug.

The table below tells you the copayment* or coinsurance amount (i.e., the share of the drug's cost that you will pay) for drugs in each tier.

This is NY State specific for 3-Tier structure	Preferred Retail Network pharmacy (Up to a 30-day supply)	Specialty and Mail pharmacy (Up to a 90-day supply)
Cost-Sharing Tier 1 (Generic Drugs)	$0-$10	$0-$25
Cost-Sharing Tier 2 (Preferred Brand Drugs)	$0-$35	$0-$87.50
Cost-Sharing Tier 3 (Non-preferred Brand Drugs and Specialty Tier Drugs)	$0-$70	$0-$175

*Copays will vary by plan design; you can contact Customer Service at 1-855-722-6228, 24 hours/7 days a week. TTY/TDD users, please call 1-800-863-5488 for more detailed copayment information.