

### Your Prescription Drug Program

The UPMC for You Prescription Drug Formulary is a list of Food and Drug Administration (FDA) approved medications. This list has been developed by UPMC for You doctors and pharmacists. Medications on the formulary (drug list) are covered (paid for) by UPMC for You. In this booklet, there is a drug list of prescription medications and a drug list of over-the-counter (OTC) medications. These lists are in alphabetical order. The UPMC for You Formulary includes the most commonly used drugs. It does not include every medication your doctor might prescribe. UPMC for You covers many other drugs besides the ones listed in the formulary. The drugs on the formulary were selected because they are safe, work well, and cost less than other drugs that have the same level of effectiveness.

Your doctor should order medications for you from the formulary. If your doctor writes you a prescription for a non-formulary medicine, he or she will need to contact Pharmacy Services at 1-800-396-4139 for a medical exception. Your doctor should call Pharmacy Services before you go to the pharmacy. TTY users should call toll-free 1-800-361-2629.

Investigational (not proven) medications or ones used for experimental purposes are not covered.

Over-the-Counter Formulary on page 25 for a listing of covered products.

If you have questions about the formulary or its use, call Pharmacy Services at 1-800-396-4139. TTY users should call toll-free 1-800-361-2629.

### Pharmacy Copayments

Pharmacy copayments do not apply to pregnant women (including through the post-partum period), recipients under the age of 18, nursing facility residents, members who reside in an Intermediate Care Facility for the Mentally Retarded and Other Related Conditions (ICF/MR/ORC), emergency supplies, and family planning supplies.

#### Information for members in the General Assistance Benefit category:

- If you have pharmacy benefits, brand-name prescription drugs and brand-name over-the-counter drugs are \$3 for each new prescription or refill.
- If you have pharmacy benefits, generic prescription drugs and generic over-the-counter drugs are \$1 for each new prescription or refill.

You cannot be denied a prescription drug if you cannot pay the copayment. Tell your pharmacist if you cannot afford to pay. Your pharmacy can still try to collect the copayment.

#### Information for members in the Adult Benefit category:

- If you have pharmacy benefits, brand-name prescription drugs and brand-name over-the-counter drugs are \$3 for each new prescription or refill.
- If you have pharmacy benefits, generic prescription drugs and generic over-the-counter drugs are \$1 for each new prescription or refill.

You do not have to pay a copayment for certain drugs: for anti-hypertensives (high blood pressure drugs), anti-neoplastics (cancer drugs), anti-diabetics (diabetes drugs), anti-convulsants (epilepsy drugs), cardiovascular preparations (heart disease drugs), anti-Parkinson's agents (Parkinson's disease drugs), AIDS drugs, anti-glaucoma agents (glaucoma drugs), anti-psychotics (drugs for psychosis), and anti-depressants (drugs for depression).

Drugs, including immunizations, dispensed by a physician are excluded from copayments.

You cannot be denied a prescription drug if you cannot pay the copayment. Tell your pharmacist if you cannot afford to pay. Your pharmacy can still try to collect the copayment.

If you have questions about these copayments or which benefit you are eligible for, please call Member Services at 1-800-286-4242 for Southwest, 1-866-353-4345 for Lehigh Capital (Lehigh Valley & Capital Region), or 1-855-425-8762 for New West. TTY users should call toll-free at 1-800-361-2629. Representatives are available Monday, Tuesday, Thursday, and Friday from 7 a.m. to 7 p.m., Wednesday from 7 a.m. to 8 p.m., and Saturday from 8 a.m. to 3 p.m.