

Does Not Apply to Participants in the Elixir Plus Medicare Part D Plan**Background****1. What is a Formulary?**

A formulary is a list of covered drugs for the FUSD prescription drug benefit. It contains generic medications and carefully selected brand-name drugs, each with a different price point. Drugs on the formulary have been selected based on clinically sound, evidence-based medicine with a secondary focus on generics and value. All therapeutic classes on the formulary will have at least one medication in either the generic or brand-name tier.

2. What is the difference between the Select Formulary and the Standard Formulary we were using?

Elixir consistently provides new options to help control plan and member drug cost. The Select Formulary saves in drug spend by excluding select high cost medications that have clinically effective, lower cost alternatives. The purpose of the Select Formulary is to help control plan and member drug cost.

3. Who decides which drugs are on the formulary?

A team of independent, licensed physicians, along with licensed pharmacists at Elixir, regularly reviews the latest research to decide which drugs to include on the formulary. They consider the safety and effectiveness of drugs available to treat various health conditions. When there are many different drugs available with similar safety and effectiveness, affordability is taken in to account.

4. Where can members and providers access the Select Formulary drug list?

The formulary list is available at <http://www.elixirsolutions.com>.

Steps to Download the List of Maintenance Medications: Visit <http://www.elixirsolutions.com> and select "Providers", then select "Prescribers", then select "Covered Drug Lists", and finally, choose the "Select Formulary".

5. Why is my drug no longer covered on the select drug list?

Elixir's Select Formulary excludes approximately 100 medications. All excluded medications offer clinically effective formulary alternatives. Elixir carefully evaluates the economic impact, clinical effectiveness and member experience before excluding any drug from the formulary. Plus, **every excluded drug has at least one safe and effective formulary alternative** that can be used to treat the same condition.

6. With the Select Formulary in place, do I still need to use the Rx90 network for my maintenance medications?

The Rx90 program is not impacted by the Select Formulary. If you are taking maintenance medications under the Rx90 program (medications that are required to treat a chronic condition such as diabetes, high blood pressure, or high cholesterol), you will need to continue to adhere to the Rx90 program rules to avoid paying the full cost of your maintenance medication(s).

Select Formulary Details

7. What do I do if a current prescription that I am on is no longer covered on the Select Formulary?

First, you should check with your doctor to discuss the alternatives. A list of the drugs that were removed and their alternatives can be found online at <http://www.elixirsolutions.com>. You can print this and take it to discuss with your doctor.

8. What happens if my doctor and I decide to utilize a prescription drug that is not on the Select Formulary drug list?

If you choose to remain on a prescription not offered on the formulary list, you will be responsible for the total amount of the prescription.

9. What if I have already tried the generic and/or the formulary brand-name drugs and have found that they do not work for me? Will exceptions be permitted?

Ask your doctor to contact Elixir at **(833) 640-2849** to provide documentation that supports your need for a non-formulary drug. (Your doctor must be the one to contact Elixir. You may not obtain this authorization by calling this line yourself.)

Generally, you must have previously tried at least two alternatives (a generic and/or a lower-cost formulary brand-name drug) before a non-formulary drug will be approved. If a non-formulary drug is approved, you will pay the Tier 2 price for generic or Tier 4 price for non-preferred brand.

10. How much will I have to pay for my prescription drugs?

Copay tiers are listed below. The Select Formulary does not change the copays.

TIERS	30-DAY RETAIL COPAY	90-DAY RETAIL AND MAIL ORDER COPAY	30-DAY SPECIALTY MEDICATION COPAY
Tier 1 Generic: Medications that are used for treating hyperlipidemia, hypertension, diabetes, and depression	\$0	\$0	\$10
Tier 2 Generic: All other covered, generic medications.	\$10	\$20	
Tier 3 Preferred Brand: Preferred Brand Name medications	\$35	\$70	\$35
Tier 4 Non-Preferred Brand: Non-Preferred Brand Name medications	\$50	\$100	\$50

11. With my old medication, the receipts from the pharmacy said, "your insurance saved you \$27.07". Now that I've switched to the new formulary preferred medication, the receipts say, "your insurance saved you \$78.35." Why is the insurance requiring me to pick the medication that costs the insurance more? I thought we were trying to save money here!

In short, the amount of savings reported on your pharmacy receipts does not reflect the actual amount paid by the health plan. The pharmacy is likely using a "usual and customary" amount to calculate the savings reported on your receipt, but in fact the amount paid by your plan is always lower. The actual amount paid by the plan is less for the new formulary preferred medications.

For More Information

12. Where can I find out more?

You can learn more about the Select Formulary by calling Elixir Customer Service. Representatives are available by phone 24 hours a day, 7 days a week by calling **(833) 640-2849**.