



FlexRxSM 6-Tier

Pharmacy benefit guide

Welcome to FlexRx

The FlexRxSM program is built for choice, savings, and convenience—with benefits that include:

- Low-cost drug tier for many common medications
- Lower- or no-cost coverage for many over-the-counter (OTC) drugs with a prescription at a participating pharmacy
- Savings on a 90-day supply of certain maintenance medications by mail order, depending on your benefit plan
- Online tools to help you manage your plan and save money

Questions?

Members can log in to Member.MGBHealthPlan.org at any time to find complete information about their pharmacy benefits:

- Searchable drug lookup tool
- A list of medications in the Access 90 program
- Information about mail order
- And more

Not a member yet? Visit MGBHP.org/new for more information and to access our drug lookup tool.

Customer Service

To speak with a Customer Service professional, please call the number on the back of your member ID card.

Representatives are available Monday through Friday 8 a.m. to 6 p.m. and Thursday 8 a.m. to 8 p.m. Service is available 24/7 for pharmacy issues. Just select “pharmacy” when prompted.

The proper names of medications mentioned in this publication are used for informational purposes only and are trademarks or registered trademarks of their respective companies. FlexRx applies to commercial and Health Connector plans.

Our pharmacy benefit

We partner with Optum Rx® to manage pharmacy benefits for our members. Mass General Brigham Health Plan and Optum Rx offer online tools to help you find pharmacies, estimate your costs, search for medications, and more.

Filling prescriptions

You may fill your prescription medications at any pharmacy in our national network, which comprises most major chains (including CVS Pharmacy®, Walgreens®, and Rite Aid®), grocery store pharmacies, and many other independent pharmacies throughout the United States. Use our pharmacy locator tool on MGBHP.org/pharmacy to find the closest pharmacy to you.

Covered medications

Use the Mass General Brigham Health Plan drug lookup tool online to check if a medication is covered.

Our pharmacy formulary

Our pharmacy formulary is the complete list of prescription medications covered under your pharmacy benefit. It was developed by doctors, pharmacists, and other experts who review clinical drug studies and determine the most reasonably priced medications that have been approved as safe and effective by the Food and Drug Administration (FDA).

You can search our formulary online. If you have questions about non-covered medications, call Customer Service.

6-tier placement

The pharmacy benefit places all covered drugs into tiers.

Tier 1 — includes lower cost generic drugs. Generic drugs contain the same active ingredients as their brand name counterparts.

Tier 2 — includes other generics and may include some brand name drugs.

Tier 3 — includes high cost generics and preferred brand name drugs.

Tier 4 — includes higher cost generics and non-preferred brand name drugs.

Tier 5 — includes generic specialty and preferred specialty drugs.

Tier 6 — includes non-preferred specialty drugs.

Each tier has a level of cost sharing. Cost sharing is the amount you have to pay for your medical services, medications, or equipment. Cost sharing may include deductibles, coinsurance, and copayments. Premiums and costs for non-network providers or non-covered services are not part of cost sharing. Members can log in to Member.MGBHealthPlan.org to view plan documents and learn about cost-sharing responsibilities.

Doctors and pharmacists have reviewed all medications in our formulary for safety, quality, and effectiveness. You can determine what tier your drug is in by using the drug lookup tool available online.



How to get a 90-day supply of prescriptions

Mail order

Sign up for a 90-day supply through the mail at Member.MGBHealthPlan.org.

Access90

Fill your 90-day prescriptions at your local participating pharmacy with our Access90 program. Simply bring a 90-day prescription for your maintenance medication to a participating retail pharmacy.

Therapeutic class

A “therapeutic class” is a group of medications used to treat the same medical condition. For example, medications that treat high cholesterol are all in the same therapeutic class.

When a brand name medication does not have a covered generic equivalent, it may have covered generic alternatives in the same therapeutic class. Generic alternatives contain different active ingredients but treat the same condition.

The value of generic medications

Mandatory generic substitution*

Generic medications have the same active ingredients, quality, and results as brand name drugs, and they are approved by the U.S. Food and Drug Administration (FDA). Inactive ingredients like colorings and fillers, which also must meet FDA guidelines, are usually the only differences between generic and brand name medications. For this reason, our mandatory generic substitution requires you to try a generic medication before the brand name medication is considered for coverage.

Prior authorization is required for an exception to our mandatory generic medication pharmacy benefit.

Our pharmacy management program

Mass General Brigham Health Plan has programs in place to help our members use medications safely and effectively. These programs are managed by practicing doctors and pharmacists.

Prior authorization

Prior authorization (a clinical review of medical necessity) is sometimes required before a specific medication may be dispensed. We review and use criteria developed and approved by the Mass General Brigham Health Plan Pharmacy & Therapeutics Committee.

** Exceptions may apply.*

The clinical review process may take up to 48 hours after we have received complete information. We will notify both you and your doctor as soon as we make a decision.

You can find out if your medication requires prior authorization by searching our drug lookup tool online.

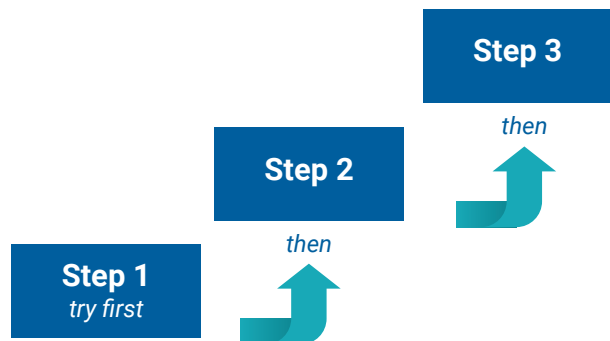
Quantity limit

Mass General Brigham Health Plan may limit the number of units (tablet, capsule, or liquid) for a specific medication you may receive in a given time period to ensure safe and appropriate use. These limits are based on recommended dosing schedules and the availability of several strengths of the medication. Quantity limits automatically apply at the time the prescriptions are purchased. Mass General Brigham Health Plan requires prior authorization for exceptions to our quantity limits.



Step therapy program

The step therapy program helps provide you with the most appropriate and affordable drug treatment plan. Before filling a prescription for certain costly second-step medications, we require that you first try an effective but less expensive first-step medication.



If you have already tried a first-step medication and your doctor prescribes a second-step treatment, we automatically approve coverage for that alternative in most cases.

If your prescription records do not indicate the use of a first-step medication, or if you are a newly enrolled member with no prescription history, your doctor may contact Mass General Brigham Health Plan to request an exception to the step therapy program.

Specialty pharmacy program

We partner with a select group of specialty pharmacies to provide medications for complex medical conditions. Search the covered drug list online to see what medications are included in the specialty pharmacy program.

Specialty pharmacies have expertise in the delivery of the medications they provide and offer services not available at a traditional retail pharmacy, including:

- All necessary drugs and supplies for administration (at no additional charge)
- Convenient delivery options to your home or office with overnight or same-day delivery available when medically necessary
- 24/7 access to nurses, pharmacists, and care coordinators specializing in the treatment of your condition
- Compliance monitoring, adherence counseling, and clinical follow-up
- Educational resources regarding medication use, side effects, and injection administration

Specialty Medications are limited to a 30-day supply, unless otherwise noted. If your prescription is included in the specialty pharmacy program, please contact your doctor, who can submit a new prescription referral form to the correct specialty pharmacy. For additional assistance, or if you have any questions about our specialty pharmacy program, please call Customer Service.

Exclusions

Mass General Brigham Health Plan covers only medications that are medically necessary for preventive care or for treating illness, injury, or pregnancy. The following medications or services are excluded from our covered drug list:

- Dietary supplements*
- Therapeutic devices or appliances (except where noted)*
- Biologicals, immunization agents, or vaccines obtained through the medical benefit
- Blood or blood plasma†
- Medications which are to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed hospital, nursing home, or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals†
- Charges for administration or injection of any drug†
- If an FDA approved generic drug is available, the brand name equivalent is not covered unless medically necessary
- Drugs that are not FDA-approved
- Progesterone supplements
- Fluoride supplements / vitamins for members older than age 13 except for prenatal vitamins
- Drugs whose sole purpose is to promote or stimulate hair growth or for cosmetic purposes only
- Drugs labeled "Caution—limited by federal law to investigational use" or experimental drugs even though a charge is made to the individual

* Covered in certain circumstances under the durable medical equipment (DME) benefit.

† Covered under the medical benefit.

- Medications for which the cost is recoverable under Worker's 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 member
- Any prescription refilled in excess of the number of refills specified by the physician or any refill dispensed after one year from the physician's original order
- Schedule 1 controlled substances (for example, marijuana)
- Products and/or kits co-packaged with OTC products

Frequently asked questions

My doctor has prescribed a medication that is not listed in the Mass General Brigham Health Plan covered drug list. What should my doctor do to request an exception?

When a covered alternative is not medically appropriate for you, your doctor may request coverage of a non-covered medication. The request will be reviewed to determine if it meets medical necessity.

How does Mass General Brigham Health Plan decide what medications to cover?

Our Pharmacy & Therapeutics (P&T) Committee is responsible for reviewing medications included in our covered drug list. The committee of doctors and pharmacists reviews medications for clinical appropriateness, safety, and side effects.

How soon do new medications approved by the FDA become available to Mass General Brigham Health Plan members?

Newly approved medications are reviewed by our P&T Committee regularly. During the period when a new medication is being reviewed, it is not covered by your pharmacy benefit; however, as with other non-covered medications, your doctor can request an exception when there is no other medically appropriate alternative available to you.

How do I find out which tier my medication is in?

Search our covered drug lookup tool online to see what tier your medications are in.

How do I refill a prescription while on vacation?

If you are traveling in the U.S., ask your doctor for a prescription to take with you. Fill it at any participating pharmacy in our nationwide network.

Members can use the *Find a pharmacy* tool at [MGBHP.org/pharmacy](https://mgbhp.org/pharmacy) to search for a participating pharmacy.

Is my pharmacy benefit available across the U.S.?

Your pharmacy benefit is available in all 50 states. You can fill your prescriptions at any participating pharmacy in our nationwide network.





