

## Utilization Management Descriptions

In the prescription drug list, some medications may have coverage requirements or limitations. Your benefit plan determines how these medications may be covered for you.

### Description

**Affordable Care Act.** This medication is eligible for \$0 cost share under most benefit plans. Age restrictions may apply. Examples of these medications include oral contraceptives, hormone replacement therapy (HRT), fluoride.

---

**Age Limit.** Medications may be limited to a certain age.

---

**Oral Chemotherapy Mandate.** This includes oral chemotherapy (anti-cancer) medications used to treat cancer. These drugs may be eligible for a \$0 copayment under certain benefit plans.

---

**HSA Preventive Drug.** If your plan includes the Preventive Drug Benefit, covered preventive health drugs will not be subject to your plan deductible. Applicable copayment will apply. Examples include diabetes medications, medications for high blood pressure, prenatal vitamins.

---

**Insulin Mandate.** Under certain benefit plans, member cost sharing for insulin medications used to treat diabetes may not exceed a certain dollar amount.

---

**IVF/Fertility Pharmacy Medications.** These medications must be obtained from one of our designated IVF Pharmacy vendors - Freedom Drug (877) 585-4603 or Village Pharmacy (866) 890-8930. This drug is only covered if your plan includes an infertility benefit. Please refer to the plan's Schedule of Benefits for details on coverage.

---

**Limited Distribution Drug.** Some medications may only be obtained through one or more pharmacies in a limited distribution network as required by the Food and Drug Administration (FDA) or product manufacturer. See specific note for Pharmacy information.

---

**Prior Authorization.** Some medications require Prior Authorization.

---

**Prior Authorization for Quantity Limit Exceeded.** Some medications require Prior Authorization only when the quantity requested for treatment exceeds the standard quantity limit.

---

**Quantity Limit.** Medications may be limited to a certain quantity.

---

**Specialty Pharmacy Medications.** These medications should be obtained from our Specialty Pharmacy vendor CVS Specialty (800) 237-2767. All specialty pharmacy drugs are limited to a maximum 30-day supply.

---

**Step Therapy.** Harvard Pilgrim may require that members first try one drug to treat a condition before we will cover another drug for that condition. This ensures that certain medications are used safely and effectively for members in specified age groups.

---