



## IMPORTANT DRUG AND PHARMACY INFORMATION

If you are new to **Ochsner Health Plan (OHP)** and already have an active prescription at an OHP participating pharmacy, all you need to do is provide the pharmacist with your new OHP Member ID Card - even if the prescription is written by an out-of-network provider.

Prescriptions must be for a drug listed on our Formulary (also known as the “Drug List”), written by a Medicare-participating prescriber, and filled at any of the 65,000 pharmacies across the country in our pharmacy network. Limitations may apply. While Part D prescriptions are covered if written by any Medicare-participating provider, medical services provided by out-of-network providers are not covered in the OHP Premier Plan (HMO).\*

### **Getting a 30-day supply:**

You may get up to a 30-day supply outpatient prescription drug at any one of 65,000 participating retail pharmacies. To find a pharmacy near you and get driving directions, go to <https://www.ochsnerhealthplan.com/resources> and click on the [Prescription Drug Member Portal](#) link.

***With Ochsner Health Plan, you may be able to get a 90-day supply of drugs on Tier One and Tier Two at no cost to you.***

### **Getting a 90-day supply:**

There are two ways to get a 90-day supply:

- 1) By using one of our contracted mail-order pharmacies. You cannot use non-participating mail-order pharmacies (such as Amazon).
- 2) Through many of our participating retail pharmacies with the same member cost-sharing as mail-order. This way you don't have to worry about waiting for medicines to arrive, tracking down lost packages, medicine getting too hot (insulin), medicine getting too cold in the winter, etc. In addition, many retail pharmacies now offer free drive-through, curbside, or home delivery services.

You may get a 90-day supply for most maintenance medications, except for drugs that have a days' supply limit. Specialty Drugs on Tier 5 are also limited to a maximum of a 30-day supply.



## Prescription Drug Copays

Under your new pharmacy program, your copayments are based on a five-tier formulary structure. Every Part D drug on the Ochsner Health Plan's Drug List is in one of five cost-sharing tiers. In general, the higher the tier number, the higher your cost for the drug:

- Tier 1 includes preferred generic drugs (this is the lowest tier)
- Tier 2 includes generic drugs
- Tier 3 includes preferred brand drugs
- Tier 4 includes brand drugs
- Tier 5 includes specialty drugs (this is the highest tier and limited to a maximum of 30 days' supply at a time).

**Ochsner Health Plan** offers online tools to help you make informed choices regarding your formulary and copay options. You'll need your Ochsner Health Plan ID card to register. Go to <https://www.ochsnerhealthplan.com/resources> and click on the [Prescription Drug Member Portal](#) link.

Once you register, you can sign into your account to:

- Check drug prices
- View benefit highlights
- View prescription history

## Additional Part D Questions?

Our website resources page <https://www.ochsnerhealthplan.com/resources> has many resources that you can view, including:

- The OHP Pharmacy Directory
- The OHP Formulary (Drug List)
- A list of drugs that require prior authorization or step therapy
- A personal medication list that you can print out and fill in
- Information on such topics as
  - Safer use of opioid pain medication
  - Our Medication Therapy Management Program
  - Our Prescription Drug Transition Policy
  - Our Part D Quality Assurance Program
- and much, much more.



You can also call an Ochsner Health Plan Pharmacy Help Desk representative at 1-800-910-1837 (TTY dial 711). They are available 24 hours per day/365 days per year.

***Thank you for choosing Ochsner Health Plan!***

*Ochsner Health Plan is an HMO with a Medicare contract. Enrollment in Ochsner Health Plan depends on contract renewal.*

*Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. If you have any questions, please contact Member Services at 1-833-674-2112 (TTY users should call 711) 8:00 a.m. to 8:00 p.m. seven days a week from October 1st to March 31st and 8:00 a.m. to 8:00 p.m. Monday through Friday, April 1st to September 30th or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.*

*\* OHP Freedom (HMO POS) does have coverage for out-of-network providers, but it will usually be a higher out-of-pocket cost.*