



Your Prescription Benefit Guide



Welcome to Envolve Pharmacy Solutions!

Your plan sponsor has chosen Envolve Pharmacy Solutions to manage your prescription drug benefit. Since 1999, Envolve Pharmacy Solutions has provided high quality benefit management to millions of members throughout the United States. We look forward to delivering you the same valuable benefits and service.

We hope this handbook will be a valuable resource for you as you learn how your pharmacy benefit works, and that it will help you feel confident you are making the best decisions while saving time and money. Although this handbook includes the types of coverage most commonly chosen by plan sponsors, your plan sponsor may not have chosen every option described in this document. Please refer to your Envolve Pharmacy Solutions welcome letter or check with your plan sponsor to confirm the details of your plan coverage.

You will notice a number of terms in bold throughout this handbook. To learn more about these terms, please see the Glossary section beginning on page 24. A complete list of frequently used terms can also be found online at [EnvolveRx.com/members/glossary](https://www.envolverx.com/members/glossary).

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Using Your Pharmacy Benefit

Your prescription benefit with Envolve Pharmacy Solutions connects you to a robust nationwide pharmacy network and gives you access to the medications you need, when you need them. To ensure you get the right prescriptions at the right price, pharmacies use the information on your ID card to determine your eligibility, copayments, and the drugs covered by your plan. Our goal is to make obtaining your prescriptions as easy and convenient as possible.

WHAT DOES MY ID CARD DO FOR ME?

Your ID card includes important information about your pharmacy benefit. Once you receive your card, check to be sure your contact information is correct prior to using it. If there is an error or you need to request a new card, contact the Envolve Pharmacy Solutions Customer Service Center and a replacement card will be issued to you. You may also request a replacement ID card through Envolve Pharmacy Solutions' Member Portal.

Make sure you present your ID card when you go to the pharmacy to have your prescriptions filled. The pharmacist will then know how to correctly process your prescriptions so you pay the right amount. If you are providing the coverage for other members of your family, they will also receive an ID card for their use.

HOW MUCH WILL MY PRESCRIPTION COST?

Understanding your prescription benefit includes knowing how much you can expect to pay for your prescription when you visit the pharmacy or send a prescription to our mail service provider. Every plan sponsor decides how much of the prescription cost you will be responsible for. In most cases, this will either be a **copayment** or **coinsurance**.

Copayments

Plan sponsors often choose to have you pay a flat amount for your prescriptions. This is known as a copayment, or copay. Your copay may vary based on which type of drug you are prescribed and how your plan sponsor has structured your prescription benefit. Certain drugs cost more than others based on what tier the drug is in. A **tier** refers to how specific drugs are classified within your plan based on cost and similar drugs available within the same therapeutic class. Some of the factors that help determine tier level and copay amounts include: whether the drug is brand name or generic, a **90-day supply** of the drug, or a **specialty medication**.

Benefits and copays are subject to change by your plan sponsor.

Coinsurance

Your plan sponsor may have chosen for you to pay a percentage of the total cost of the drug rather than paying a flat amount for your prescription. This is called **coinsurance**. This percentage can vary based on the same factors listed above.

Deductible

In addition to a copayment or coinsurance, you may also have an out-of-pocket expense maximum, or an amount you need to meet in order for the insurance company to begin paying towards your prescription expenses. This is referred to as a **deductible**.

To find out what your prescription drug copay, coinsurance, or deductible will be, you can refer to your Envolve Pharmacy Solutions welcome letter, your ID card, or access your information online through Envolve Pharmacy Solutions' Member Portal at **Members.EnvolveRx.com**. You can also contact our Customer Service Center where a Customer Service Representative will be available to assist you.

Preferred Drug List (Formulary)

Your Preferred Drug List (PDL), or **Formulary**, is the list of drugs covered by your plan sponsor. This list includes a wide selection of generic and brand name prescription drugs, categorized by tier, designed to ensure you have access to the medications you need in order to get healthy, be healthy, and stay healthy.

HOW DO I KNOW IF A DRUG IS COVERED?

Review your plan's formulary or contact Envolve Pharmacy Solutions' Customer Service Center to find out if a drug is covered. A copy of your formulary is included in your welcome packet and can also be accessed on the Envolve Pharmacy Solutions Member Portal at Members.EnvolveRx.com.

HOW ARE DRUGS CHOSEN FOR MY FORMULARY?

Formularies are developed by a committee composed of pharmacists and physicians from various medical specialties called a Pharmacy and Therapeutics (P&T) Committee. The committee reviews new and existing medications and selects drugs to be included on the formulary based on safety, effectiveness, cost, and considerations of various health conditions. Decisions on cost factors are made only after drug safety and effectiveness have been established.

CAN I RECEIVE A DRUG THAT IS NOT ON MY FORMULARY?

Yes. You can obtain a **non-formulary drug**. Your share of the cost for a non-formulary drug may be greater than that of a drug on your formulary, and you may be required to pay the full price of the drug.

Prior Authorizations

Your provider may prescribe a drug that requires a review of your medical and prescription drug history before the pharmacy is able to fill that prescription. The process of reviewing a prescription to determine if there are additional actions or considerations that must be taken before you can have your prescription filled is called a **prior authorization** (PA). The PA process is conducted by Envolve Pharmacy Solutions' clinical pharmacy team to ensure the medication being prescribed is safe and the most effective option for treatment. There are many reasons a PA might be required, including:

- *The drug is not listed on your formulary*
- *The drug is listed on your approved formulary but requires a PA before dispensing*
- *The drug's cost exceeds the allowable cost set by your plan*
- *The drug dosage exceeds the plan's predetermined limits*

WHAT DO I DO IF A PA IS REQUIRED?

If a PA is required, your pharmacy will let you know and will begin the PA process. Through communication between your prescriber, pharmacist, and plan sponsor, a decision to approve or deny the PA will be made. If approved, we will notify you, the pharmacist, and your prescriber and your pharmacy will be able to process the claim. If the PA is not approved, we will work with your prescriber to find another suitable medication.

WHAT IF I DISAGREE WITH A PA DECISION?

Envolve Pharmacy Solutions is committed to making reasonable PA appeal procedures available to members. Your PA decision letter will include instructions for filing an appeal and will explain how to obtain a copy of the clinical criteria used in making the PA decision.

(continued on the next page)

An appeal may be made verbally or in writing by you personally, a person acting on your behalf, or your health care professional. Envolve Pharmacy Solutions will send the appealing party a letter acknowledging the appeal within five working days of the date it is received. This acknowledgment letter will include further explanation of the appeal process and a list of documents the appealing party must submit for review. If Envolve Pharmacy Solutions receives a verbal appeal of an adverse determination, we will send an appeal form to the appealing party.

Written notice of the appeal determination will be provided as soon as possible and no later than 30 calendar days* after Envolve Pharmacy Solutions receives the appeal. If an appeal is denied, the written notice will include the clinical basis for the denial, the specialty of the physician or other health care professional making the denial, and the appealing party's right to seek review of the denial by an independent review organization and the procedures for obtaining that review.

You may be able to submit an Expedited Appeal. An Expedited Appeal is available when the adverse determination may result in an imminent or serious threat to the patient's health and:

- *Involves continued or extended health care services, procedures, or treatments; OR*
 - *Involves additional services for a course of continued treatment prescribed by a health care provider; OR*
 - *Home care following patient admission; OR*
 - *The health care provider believes an immediate appeal is warranted*
- > *If the appeal request does not meet the criteria for expedited status it will be processed as a standard appeal*
 - > *Expedited appeal requests will be resolved and written notification will be provided to you and your provider within 72 hours** after receipt of necessary information. See your response letter for more details and instructions.*

* For members in the state of Rhode Island, no later than 15 business days.

** For members in the state of Rhode Island, no later than two (2) business days for expedited appeals. Your state's notification timelines may vary; see your response letter for more details and instructions.

Envolve Pharmacy Solutions Member Portal

Envolve Pharmacy Solutions offers secure online access to your pharmacy benefit information through our Member Portal, located at **Members.EnvolveRx.com**. The Member Portal is a powerful tool that allows you to:

- > *Access your benefit information from a computer, tablet, or smart phone*
- > *Determine how much a drug will cost before you get to the pharmacy*
- > *Find generic alternatives to expensive brand name drugs*
- > *View your claim history and print a Plan Benefit Summary*
- > *Locate a pharmacy near you*

In addition to these capabilities, you can search for more information related to your pharmacy benefit, including our Glossary which defines commonly used pharmacy terminology highlighted through this handbook.

Generic Drugs

Envolve Pharmacy Solutions wants to help you keep your prescription drug costs low, and one of the best ways to do that is by taking **generic drugs** when appropriate. Generic drugs are often the most cost-efficient drugs available.

WHAT IS THE DIFFERENCE BETWEEN A GENERIC AND BRAND NAME DRUG?

A generic drug is a chemical copy of a **brand name drug**. It is the same medicine with the same active ingredients as the brand name drug, but it is usually made by another company.

WHY DO BRAND NAME DRUGS COST SO MUCH IF THEY ARE THE SAME AS GENERIC DRUGS?

When the patent on a brand name drug expires, other manufacturers begin producing and selling the brand name drug's chemical/generic counterpart. The company producing the generic drug did not pay for the initial drug research or advertising, so they are able to sell the drug at a much lower cost.

CAN I GET A GENERIC DRUG WHENEVER I CHOOSE?

By law, pharmacists must fill prescriptions as prescribed. If your prescription is written for a brand name drug with "no substitutions" allowed, then the pharmacist cannot substitute the generic for a brand name drug. If your prescription is written for a brand name drug, you should always ask if a generic substitute is available.

Medication Adherence

Envolve Pharmacy Solutions and your plan sponsor want you to have the information you need to make the right decisions about your prescription benefit to help you get well and stay well. If you are injured or diagnosed with a condition requiring the use of prescription drugs, it is important that you take your medication as prescribed. This is called **medication adherence**, and is one of the most important things you can do to get back on your feet as quickly as possible. Some of the ways in which people may be non-adherent include:

- > *Never filling or picking up prescriptions from the pharmacy*
- > *Not following their prescriber's instructions*
- > *Not taking the drug altogether, forgetting doses, skipping doses, taking more than instructed, or taking it at the wrong time of day*
- > *Not taking medication due to concerns about side effects*
- > *Concerns about being able to afford the medication*
- > *Uncertainty about the need for the medication*

WHAT CAN I DO TO BE ADHERENT TO MY MEDICATIONS?

Being adherent includes:

- > *Filling the prescription written for you*
- > *Picking up your prescriptions on time*
- > *Taking the recommended dosages at the suggested times*
- > *Finishing your prescription*

HOW DO I KNOW THE PRESCRIPTIONS I'M TAKING ARE SAFE?

A Drug Utilization Review (DUR) is performed on each prescription at the time it is submitted to the pharmacist to identify potential problems.

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When you use an Envolve Pharmacy Solutions network retail pharmacy or our mail service provider, the prescription is checked against your member profile to see whether:

- > *You should avoid certain drugs because of a known disease or allergy*
- > *You are using certain drugs too often or not enough*
- > *An adverse reaction is possible because of other drugs you are taking*

These are just a few of the criteria your prescription is checked against. You should always work with your prescriber to ensure the medications you are taking are safe for you.



Helpful Tip!

Set a recurring calendar reminder to ensure you remain adherent to your drug regimen.

Step Therapy

Step therapy is the process of trying other medications first before “stepping up” to drugs that cost more. We want to know that less expensive options don’t work before your plan will cover the drug. Here’s an example of step therapy:

- > *You try an over-the-counter medication for your allergy, but it doesn’t control your symptoms.*
- > *Your doctor prescribes a prescription drug that still doesn’t give you relief.*
- > *Another medication that’s more expensive works well, but requires step therapy.*

In this case, your prescription may be covered if you’ve tried the first choice drugs. If you haven’t tried step therapy, the drug may cost you more out-of-pocket or may not be covered at all.

WHAT DO I NEED TO DO IF MY PRESCRIPTION REQUIRES STEP THERAPY?

If your drug needs prior approval, either you or your pharmacist will need to let your doctor know. They might switch your therapy to another drug that doesn’t require approval from your plan sponsor, or your doctor can contact our Pharmacy Help Desk to start the approval process and provide us the information we need.

Dose Optimization

Do you take a prescription drug more than once each day? For some drugs, your doctor can prescribe a higher amount that you only have to take once a day. We call this dose optimization. For example, a 10mg dose taken twice per day would be changed to a 20mg dose taken only once per day.

Forgetting to take your medication can cause health problems, and it's usually easier for people to remember to take their medication if they only have to take it once per day.

You may also be able to save money if you take fewer doses each day. Your pharmacist will tell you if the medication you take requires dose optimization. Then, your pharmacist will call your doctor to see if the dosage can be changed, and fill your prescription at the new dose if your doctor approves.

There may be medical reasons why your doctor believes the original dosage is better for you. Your doctor will contact us to request prior authorization review to determine if your prescription plan can cover your medication dosage.

Filling Your Prescription with Envolve Pharmacy Solutions

There are two ways to fill your prescriptions, depending on your medication needs:

1. Fill at a participating network retail pharmacy
2. Fill using Envolve Pharmacy Solutions' mail service provider

Retail Pharmacy Network

With Envolve Pharmacy Solutions, you have access to a robust nationwide pharmacy network including the country's largest chains and most locally-owned pharmacies. Retail pharmacies are easily accessible and provide a convenient way to fill your prescriptions. Some plans choose to limit the pharmacies available within a network, so be sure to check with your plan sponsor to ensure your preferred pharmacy is included in your network. You can also find participating pharmacies on the Envolve Pharmacy Solutions website and Member Portal.

HOW DO I LOCATE A PHARMACY IN MY NETWORK?

To find out if a pharmacy is in your network or to locate a pharmacy, visit [EnvolveRx.com](https://www.envolverx.com), click the "Members" tab, and select "Locate a Pharmacy." This tool includes options that allow you to find pharmacies that provide additional services like home delivery or **drug compounding**.

You can also contact Envolve Pharmacy Solution's Customer Service Center or access the Member Portal at [Members.EnvolveRx.com](https://members.envolverx.com) to locate a pharmacy in your network.

CAN I FILL MY PRESCRIPTION AT A PHARMACY OUTSIDE OF MY NETWORK?

Yes. If you choose to go to a pharmacy that is not in the Envolve Pharmacy Solutions network, you may be required to pay full price for the prescription. Based on your prescription plan, you may be able to receive a full or partial refund by submitting a **manual claim** to Envolve Pharmacy Solutions.

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The form to submit a manual claim can be found on our website, [EnvelopeRx.com](https://www.envelopherx.com), in the “Members” section under “Forms for Download,” and returned to the address listed on the form upon completion. For additional assistance, contact Envelope Pharmacy Solutions’ Customer Service Center.



Don't Forget!

You can locate a pharmacy and access additional benefit information on the member portal!

Mail Service

If you take one or more medications on a regular basis, Envolve Pharmacy Solutions' mail service may be the right choice for you. Envolve Pharmacy Solutions' mail service provider, Homescripts, makes it easy for you to receive maintenance medications through the mail, saving you both time and money. It's easy to enroll with our mail service to take advantage of benefits including:

- **Cost Savings** — *Depending on your benefit plan, you may be able to receive up to a 90 day supply of your maintenance medication for less than the cost of three monthly copayments at a retail pharmacy.*
- **Convenience** — *Your prescription is mailed directly to your home or office eliminating the need to stand in line at the pharmacy every month to have your prescription filled.*
- **Safety** — *All prescriptions are processed by our licensed pharmacists and put through a series of quality checks to ensure that they are properly dispensed. For your privacy and protection, prescriptions are mailed in unmarked, sealed packaging with no indication that medications are enclosed.*

HOW DO I SIGN UP TO START RECEIVING MY PRESCRIPTIONS THROUGH THE MAIL SERVICE PROVIDER?

If you are currently receiving your prescriptions through a mail order service, we will work with them to transfer your existing prescriptions to Envolve Pharmacy Solutions' mail service provider. You are able to request refill prescriptions by mail, phone, and online. For new prescriptions, your Envolve Pharmacy Solutions welcome packet includes an enrollment form for our mail service provider. The form includes instructions on where to send your prescription so you are able to start receiving them by mail. Simply fill out the form and return it in the envelope provided. Your prescriber may also send your prescription directly to our mail service provider, by faxing it to 903.735.4011. To request an enrollment form, contact Envolve Pharmacy Solutions' Customer Service Center, or visit [Homescripts.com](https://www.homescripts.com).

Specialty Pharmacy

Specialty medications are designed to treat complex conditions, and as such can often be very expensive and difficult to administer. It is important to us to offer services to help you manage these long-term, complex conditions and the drugs used to treat them. Many plan sponsors provide a **specialty pharmacy benefit** designed to cover medications that treat complex, chronic illnesses such as Rheumatoid Arthritis, Multiple Sclerosis, Hepatitis C, and Cancer. Some plan sponsors require specialty medications be filled exclusively through Envolve Pharmacy Solutions' specialty partner, while others allow you to choose where you obtain your specialty medications. Please refer to your Envolve Pharmacy Solutions welcome letter or check with your plan sponsor to confirm the details of your specific plan coverage.

HOW DO I START RECEIVING SPECIALTY MEDICATIONS THROUGH ENVOLVE PHARMACY SOLUTIONS' SPECIALTY PHARMACY PROVIDER?

If you are currently taking a specialty medication and your plan sponsor has chosen to have Envolve Pharmacy Solutions provide your specialty pharmacy benefit, we will work with your current specialty pharmacy provider to coordinate a seamless transition of your prescription(s) to our provider. It is important to us that there is no gap in your specialty medication regimen(s)

Our specialty pharmacy provider offers a series of care management programs to help you manage your specialty condition and assist you in remaining adherent to your drug therapy. These services are at **no cost to you** and include:

- > *Enrollment assistance*
- > *Home delivery*
- > *Coordination of nursing services*
- > *Drug therapy education and training*
- > *Collaboration with your healthcare specialist*

WHAT IF MY SPECIALTY PHARMACY PROVIDER IS NOT THROUGH ENVOLVE PHARMACY SOLUTIONS?

If you are currently taking a specialty medication and your plan sponsor has elected to implement a specialty pharmacy benefit with a third party vendor, a representative from the specialty pharmacy provider will contact you to transfer your prescription(s). For new prescriptions, please call the specialty pharmacy provider directly and a member representative will assist you with your prescription needs.

Disclosure and Confidentiality Policy

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) includes provisions that ensure the privacy of your personal health information. Envolve Pharmacy Solutions and your plan sponsor are committed to protecting the confidentiality of your personal information and meeting HIPAA and state mandated guidelines.

In order to provide your plan sponsor with specific benefit information they have requested, Envolve Pharmacy Solutions occasionally needs to share member information with a third party. Please read our HIPAA Business Associate Provisions to learn more about the ways Envolve Pharmacy Solutions is dedicated to safeguarding Protected Health Information (PHI). Our full notice of privacy practices can be found online at [EnvolvRx.com/privacy-policy](https://www.envolvrx.com/privacy-policy). To request a printed copy of our Notice of Privacy Practices, please contact our Customer Service Center.

Written complaints and other correspondence regarding your PHI may be mailed to:

Envolve Pharmacy Solutions

Attn: Privacy Officer
5 River Park Place East, Suite 210
Fresno, CA 93720

You Have the Right to...

- > *Know the terms of your pharmacy benefit.*
- > *Receive information about Envolve Pharmacy Solutions, our services, and your rights and responsibilities*
- > *Be treated with respect, dignity, and the right to privacy.*
- > *Contact Envolve Pharmacy Solutions or your plan sponsor with a grievance, appeal or complaint.*
- > *Be an active participant in conversations with your health care professional in making decisions about your health care.*
- > *Have a candid discussion with your health care professional on the appropriate or medically necessary treatment opinions for your condition regardless of cost or benefit coverage.*
- > *Access your PHI maintained by Envolve Pharmacy Solutions.*
- > *Have information about your personal drug use protected. This right does not prevent the use of your information for healthcare purposes. Healthcare purposes include quality improvement, peer review, disease management, reporting, claims processing, and compliance programs.*
- > *Make recommendations about the Envolve Pharmacy Solutions Member Rights and Responsibilities policy.*
- > *Access prescription services regardless of sex, age, sexual orientation, ethnicity, national origin, religion, genetic information, disability, or source of payment.*

You Have the Responsibility to...

- > *Read the member handbook to become familiar with your prescription benefit and Envolve Pharmacy Solutions' services.*
- > *Review and understand your formulary. You should provide it to your health care professional so safe, cost-effective medication choices can be made.*
- > *Understand your health problems and be proactive in your own treatment. If you do not understand your illness or treatment, discuss it with your healthcare professional.*
- > *Learn about your drug therapy, including the limitations and risks.*
- > *Tell Envolve Pharmacy Solutions and the pharmacist if you have additional insurance coverage. This helps us process claims and work with other payers.*
- > *Inform your plan sponsor of your status changes (such as marriage) that could affect your eligibility for coverage.*
- > *Consider the results of not following your health care professional's advice.*
- > *Give your health care professional the details necessary to choose the right drug therapy for you. Important information includes health status, lifestyle, and current and past medications.*
- > *Adopt lifestyle habits that complement safe and effective use of drug therapy. Examples include following drug therapy and observing recommended limitations on smoking, diet and alcohol use.*
- > *Comply with financial obligations, administrative, and operational procedures of your pharmacy benefit.*
- > *Report wrongdoing and fraud to Envolve Pharmacy Solutions and your plan sponsor.*
- > *Confirm with your health care professional that the quantity, days' supply, and directions on your prescription are correct before giving it to your pharmacist.*
- > *Know the limits and rules of your benefit plan.*

Reporting a Problem

Envolve Pharmacy Solutions strives to provide exceptional customer service. If you are unhappy with a service we provided or encountered a problem with a pharmacy in our network, please review the Explanation of Benefits or Description of Coverage provided to you by your plan sponsor to learn how to file a complaint. You can also contact Envolve Pharmacy Solutions directly so we can improve the situation and better assist you in the future. Filing a formal complaint in regard to your benefit or service is referred to as a grievance.

To submit a grievance to Envolve Pharmacy Solutions you can:

1. Contact Envolve Pharmacy Solutions Customer Service Center at **800.460.8988**.
2. Fill out a Grievances and Appeals form.
This form is located on our website, [EnvolveRx.com](https://www.envolverx.com), in the “Members” section under “Forms for Download,” and should be returned to the address listed on the form upon completion.
3. Write to us outlining your concern.
Please include your first and last name, your member identification number, your address, and your telephone number. Grievance letters should be mailed to:

Envolve Pharmacy Solutions

Operations Department
5 River Park Place East, Suite 210
Fresno, CA 93720
Fax: 559.244.3793

Envolve Pharmacy Solutions has 30 days to acknowledge, investigate, and resolve the complaint after a formal or written grievance is received. Should you disagree with the stated findings and/or corrective action plan, you have the right to **appeal** the decision.

Filing an Appeal

If you are unhappy with a grievance response or the terms of your benefit plan, you may file an appeal. For the best results, reference your Explanation of Benefits or Description of Coverage for instructions on how your plan sponsor prefers you initiate the appeals process. You can also submit an appeal with Envolve Pharmacy Solutions directly.

The form to submit an appeal can be found on our website, [EnvolveRx.com](https://www.envolverx.com), in the “Members” section under “Forms for Download,” and returned to the address listed on the form upon completion.

You will receive an initial letter acknowledging receipt of your appeal request. Following a thorough investigation, you will receive a second letter outlining the criteria used in the appeal decision-making process and the final decision for your appeal.

Envolve Pharmacy Solutions has 30 days* to complete the appeal process after receipt of the request for appeal.

If you have a question about the appeal process, you can call the plan contact listed on your response letter, or Envolve Pharmacy Solutions’ Customer Service Center. Customer Service Representatives are available 24 hours a day, 7 days a week to assist you.

* For members in the state of Rhode Island, no more than 15 business days.

Glossary

Appeal

The process by which a member reports dissatisfaction with a documented decision from a response to a grievance or a prior authorization.

Brand Name Drug

A drug that has a trademark and is, or previously was, protected by a patent.

Copayment (Copay)

The portion of the medication cost that the member is responsible for paying when filling a prescription at a participating network pharmacy. The copay amount may vary based on which type of drug is chosen and the structure of the plan's benefits.

Drug Compounding

Compounded drugs are drugs that have been combined according to a unique recipe to produce a formulation that is not readily available or approved by the Food and Drug Administration, to suit a particular patient's needs.

Drug Utilization Review (DUR)

The process of evaluating a prescribers' prescribing patterns and/or patient drug utilization to determine the appropriateness of therapy.

Formulary

The list of drugs covered by a plan sponsor. Also known as a Preferred Drug List (PDL).

Generic Drug

Chemical equivalent of a brand name drug. Generics are typically less expensive, contain the same active ingredients as a brand name drug, and produce the same outcomes as their brand name counterparts.

Grievance

A complaint submitted to the pharmacy benefit manager by, or on behalf of, the affected member regarding a problem or issue.

Mail Service Provider

A pharmacy that dispenses medication through a shipping service to the home or office of the member receiving the prescription. This service is typically used by individuals who take one or more medications over an extended period of time.

Maintenance Medications

Drugs used to treat chronic diseases or conditions, and taken on a long-term basis.

Non-formulary Drugs

Drugs not included on a plan's drug list or formulary.

Preferred Drug List (PDL)

The list of drugs covered by a pharmacy benefit plan. Also known as a formulary.

Prior Authorization (PA)

A process where additional information must be provided or criteria must be met before certain medications can be dispensed. The criteria for which drugs require a PA are established by the plan sponsor.

Quantity Limits

Limit on the number of pills or dosages allowable per claim.

Specialty Drugs

Drugs manufactured through biologic processes to treat chronic, complex or life-threatening conditions.

Specialty Pharmacy Benefit

Coverage of drugs manufactured to treat chronic, complex or life-threatening conditions.

Tier

Drugs on a formulary are grouped in different categories, or tiers, to represent copayment amounts. Lower drug tiers are associated with lower drug costs.

Contacting Envolve Pharmacy Solutions



ONLINE

Visit [EnvoRx.com](https://www.envoverx.com) to:

- > *Locate a pharmacy*
- > *Consult our frequently asked questions document*
- > *Link to our mail service provider*
- > *Access the Member Portal and view additional plan-specific information*
- > *View our glossary*
- > *Download claim forms*
- > *View our complete Notice of Privacy Practices*



PHONE

Call Envolve Pharmacy Solutions' Customer Service Center at 800.460.8988 to:

- > *Ask questions about your prescription drug benefit*
- > *Request mail service provider enrollment forms*
- > *Find the nearest participating retail pharmacy*
- > *Request claim forms for prescriptions filled at nonparticipating pharmacies*
- > *Speak with a Customer Service Representative*

All services listed are available 24 hours a day, 7 days a week, including holidays.

To access TTY service for hearing-impaired members, call 866.492.9674.



MAIL

Envo Pharmacy Solutions

5 River Park Place East, Suite 210
Fresno, CA 93720

Homescripts

500 Kirts Blvd.
Troy, MI 48084



EnvolveRx.com

Phone: 800.460.8988

Fax: 877.541.1503