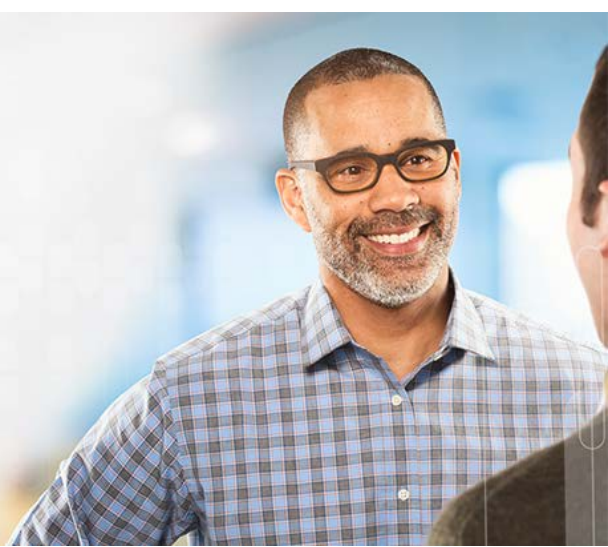


# Welcome to MyPrime

## Easily manage your medicines

Use MyPrime.com to save money on medicines for you and your family. We make it easy to compare costs for medicines and find the nearest pharmacy in your network.



## Getting started with Prime

### How does a pharmacy plan work?

When you visit your doctor, he or she may prescribe medicine for you. Here's how the plan works:

- Take your prescription and member ID card to the pharmacy to get your medicine.
- The pharmacist fills your prescription and checks with your pharmacy plan to see how much to charge you for your prescription.
- Because you have a pharmacy plan, you may pay less for your medicine - the amount you pay is called your cost-share. Your pharmacy plan pays the rest.

### Where do I go to register?

<https://www.myprime.com/>

### What should I do after I enroll?

#### Step 1:

See if your medicines are on the drug list and your pharmacy is in Prime's network:

- Find your medicines with our [Medicine Finder](#). If you don't see your medicine on the drug list, talk to your doctor about switching to a similar medicine.
- Find a network pharmacy near you with our [Pharmacy Finder](#). You can use a non-network pharmacy, but you may pay more for your medicine.

#### Step 2:

Review requirements for medicines you take. Some medicines on the drug list have special requirements. If your medicine does, talk to your doctor. You may be able to choose a different drug, or you could ask for approval for your current medicine.

- **Prior authorization** - approval is needed before a medicine will be covered. If your medicine does, talk to your doctor. You could choose a different drug. Or, ask for approval for your current medicine.
- **Step therapy** - you may need to try a different medicine first. Some drugs aren't covered unless you try another FDA-approved drug first, or your doctor submits an authorization request to Prime.
- **Quantity limits** - limits how much medicine can be in each fill. Each prescription can only be filled for a specific amount, for example, 14 capsules for 7 days. If your doctor thinks you need a larger supply, he or she must ask for authorization from Prime.

## Coverage and cost

Learn more about your pharmacy benefits, from filling a prescription to the difference between copays and coinsurance. Get answers to common questions below.

### **Why did the cost of my medicine change even though everything on my plan is the same?**

When paying full price or a percentage of the cost of your medicine, you may see changes in the amount you pay at the pharmacy. Drug pricing changes based on drug supply and demand, generics and alternatives becoming available, and changes in contracts with pharmacies. Because of these things, you may see changes in the cost of your medication each time you visit the same pharmacy AND among participating network pharmacies. If you are paying full price or a percentage of the cost of your medicine, you may want to [check pricing at several participating pharmacies](#) to determine where you may get the best price.

### **Why should I use a network pharmacy?**

A network pharmacy is made up of pharmacies where your prescription plan is covered. Your health plan chooses a network pharmacy to provide you with convenient pharmacy services at better costs. Typically, a network pharmacy will include thousands of pharmacies across the country, both chain stores and independents. So even when you are traveling, you can find a pharmacy in your network.

When you need to fill a prescription, use one of the pharmacies in that network. When you use a pharmacy not in your plan's network, you may run into some inconveniences. For example, you will have to pay for 100 percent of the cost of your medication, up front. You will also have to submit a claim to your health plan to get reimbursed for that medication. Your health plan does not guarantee reimbursement for prescriptions filled at non-network pharmacies.

Finding a pharmacy in the network is easy. You can use the pharmacy finder feature on MyPrime. We will provide you with a list of pharmacies in your area. Visit our [Pharmacy Finder](#), where you have the option to search for network pharmacies by zip code or pharmacy name.

## **How do I get a prior authorization for my medicines?**

Talk with your doctor. If you need a drug that requires a prior authorization, your doctor will fill out a prior authorization request form to submit to your health plan. If the request is approved, your prescription can then be filled by a pharmacy. If the request is not approved, talk to your doctor about possible medicine alternatives.

## **Why do some prescription drugs need prior authorization? Who determines which drugs require prior authorization?**

Generally, drugs that are prone to misuse or high cost require a prior authorization (PA). These medicines must meet certain criteria to ensure that the drug is used appropriately. Doctors and pharmacists at your health plan work with Prime Therapeutics to determine which require a prior authorization.

## **Can I get a brand name drug when a generic equivalent is available?**

You have the option to get a brand name drug even if a generic equivalent is available. However, this option may cost more depending on your plan's coverage.

## **What is a copay?**

The amount paid for prescriptions by the member. If your drug benefit has different tiers, you may have separate copay amounts for each tier.

## **What is a tiered benefit design?**

A tiered benefit design refers to a drug benefit with different copay or coinsurance levels.

For example, a three-tier benefit design is a prescription drug benefit with three different cost (or copay) levels. Each tier is based on the medication prescribed.

At the pharmacy, you will pay the least for the first-tier prescription drugs and the most for the third-tier prescription drugs.

Generally, in a three-tier design, the first tier covers generic drugs. The cost to you for a first-tier drug might be anywhere from \$5 to \$20. The second tier covers brand-name drugs on the drug list. The cost to you for a second-tier drug might be anywhere from \$15 to \$30 more than first tier generic drugs. Second tier, brand-name drugs are preferred drugs and third tier drugs have always been referred to as Non-preferred Brand drugs and they are included in the formulary. The cost to you for third tier drugs can be significantly more than first and second tier drugs.

## **What is a drug list/formulary?**

A formulary is a list of drugs covered by your health plan. The list is designed to provide you and your physician with the most safe, effective drugs at the most reasonable cost.

The drug list is developed by a Pharmacy and Therapeutics (P&T) committee. The P&T committee is made up of a diverse group of doctors and pharmacists. When adding or removing drugs from the drug list, the P&T committee reviews each drug for its safety, effectiveness, uniqueness and cost. This ensures that drugs on the drug list are safe for patients and effective in fighting disease. It can also include drugs that are unique in addressing certain health conditions.

Health plans use the drug list to provide their members with effective drug therapies at reasonable costs. For this reason, using drugs from a drug list is important for both you and your health plan.

Often, many drugs are available to treat the same condition. If two drugs are equivalent in effectiveness and safety, the drug list will include the lower cost drug. You're not required to purchase only drugs that appear on your health plan's drug list. However, you may pay more out-of-pocket for a drug that is not on the drug list. You may need to pay the full cost of the drug if it is not covered by your benefit plan.

Changes in a drug list result from decisions made at P&T committee meetings. The P&T committee meets quarterly to consider changes. These regular meetings ensure that the drug list is kept current. For example, if a new drug is found to be more effective than one already on the drug list, the new drug may replace the less effective drug.

The process of adding and removing drugs from a drug list ensures that the drug list is kept current and that members receive the most appropriate drug therapies.

A drug may also be removed from a drug list for safety reasons. The Food and Drug Administration (FDA) tracks drug safety information. The FDA issues reports about side effects, warnings or contraindications. As Prime monitors these reports, this may trigger a change in a drug list.

## **What are over-the-counter drugs?**

Over-the-counter (OTC) drugs are drugs you can buy without a prescription. You've probably heard of OTC drugs like Zyrtec® and Prilosec®. Pharmacies and convenience stores sell many kinds of over-the-counter drugs. These drugs treat a range of conditions and symptoms.

Have you ever used an over-the-counter drug to treat a cold, upset stomach, headache or other condition? Over-the-counter drugs offer relief from some symptoms. The benefit of using an over-the-counter drug is convenience. You don't miss work or other activities to go to the doctor. Also, in most cases, over-the-counter drugs are less expensive than prescription drugs.

It's important to be informed about the drugs you use. You should know about how a drug you are considering for use will interact with a drug that you currently use. Prescription and over-the-counter drugs, vitamins and herbal supplements all can cause side effects. Also, some combinations of drugs, vitamins and even food can cause side effects or alter a drug's effectiveness. Be sure to tell your doctor and your pharmacist about all the drugs that you use, including over-the-counter drugs.

When taking over-the-counter drugs, be smart and be safe. Follow the directions on the box. Read all warnings. If your symptoms do not go away, see your doctor.

**Manage on the go**

Our website is optimized for all mobile devices so you can manage your medications **anytime, anywhere.**

**PRIME THERAPEUTIC**

Welcome to MyPrime

Easily manage your medicines

Use MyPrime.com to save money on prescriptions for you and your family. We make it easy to compare costs for prescriptions and find the nearest pharmacy in your network.

**Manage your medicines**

Find medicines



## Skip the lines with home delivery

### Get peace of mind delivered to your door

Home delivery, through AllianceRx Walgreens Prime, is a simple way to get the medicine you need.

#### Savings and convenience

- Get a 90-day supply
- Auto-refills (if allowed by your health plan)
- Free standard shipping

Before you can take advantage of home delivery you'll need to set up a Walgreens.com account.

First, simply [sign in](#) to MyPrime, then we can send your basic member information to Walgreens for you. You'll then be sent to Walgreens' website to sync and set up your account.

## Specialty Medicines

### Personalized support for complex conditions

AllianceRx Walgreens Prime offers experienced, specialty-trained pharmacists and care coordinators who understand the complexities of your condition. Our team provides personalized, one-on-one support to help make your journey easier.

#### Not just medicine, but complete care:

- Verification of insurance and help exploring potential benefit options
- Refill reminders when your medication is running low
- Help finding financial assistance, when available
- Safe, on-time delivery of medications (if available)
- Our specialty support team is ready to help you get the care you need, 24/7. Call 877.627.6337 any time