

Delivering prescription drug coverage you can count on

With HAP prescription drug coverage, our goal is to make sure you get the highest-quality medications at the lowest possible cost. HAP provides a list of covered drugs, known as a formulary.

Drug finder tool

Use our drug finder tool to search for drugs that HAP covers at hap.org/prescription-drug. To search for specific drugs in Small Group or Individual plans, click on the *Search 2024 Small business/Individual plan drugs* button. To search Large Group plan coverage, click on the *Search Commercial Group Plan drugs* button.

You can search for a drug by:

- The first three letters of the drug's name
- The full name (brand or generic)
- Therapeutic class (what the drug is used for)

Or you can download a PDF list of all drugs that HAP covers. For each drug listed, you'll see the brand name, generic name (if available), therapeutic class, dose and strength, out-of-pocket cost level (tier) and any limits or requirements that may apply.

Coverage requirements and limits

Some covered drugs have requirements or limits. These requirements are listed on the formulary and may include:

- **Prior authorization:** For some drugs, you'll need to get approval from HAP before your prescription is filled.
- **Step therapy:** In some cases, HAP may require you to first try a certain drug to treat your condition before another drug is covered.
- **Quantity limits:** Certain drugs have quantity limits.
- **Pharmacies:** Prescriptions must be filled at HAP-contracted pharmacies. To find one, visit hap.org/prescription-drug. Click on **Browse pharmacies** at the top of the page.

Copay tiers

A tier determines how much your medication will cost. Here's a description of each tier:

- **Tier 1 drugs (preferred generic):** These generic drugs have the same active ingredients and strength as brand-name drugs, with the lowest copay.
- **Tier 1A drugs (non-preferred generic):** These generic drugs have the same active ingredients and strength as brand-name drugs with a higher copay than preferred generic drugs.
- **Tier 2 drugs (preferred brand):** These brand-name drugs are designated by HAP as preferred brands. They meet the quality, safety and cost standards that are consistent with our benefit, referral and practice policies.
- **Tier 3 drugs (non-preferred brand):** These brand-name drugs are designated by HAP as nonpreferred drugs, with a higher copay than preferred brand drugs.
- **Tier 4 drugs (preferred specialty):** These drugs are designated by HAP as specialty drugs. They're used to treat complex and chronic illnesses. They require close supervision. They may be injected, infused, inhaled or taken by mouth. They require prior authorization from HAP. To ensure safety and quality care, these drugs must be filled at a HAP-contracted specialty pharmacy.
- **Tier 4A drugs (non-preferred specialty):** These drugs are designated by HAP as specialty drugs. They have a higher copay than preferred specialty drugs. They're used to treat complex and chronic illnesses. They require close supervision. They may be injected, infused, inhaled or taken by mouth. They require prior authorization from HAP. To ensure safety and quality care, these drugs must be filled at a HAP-contracted specialty pharmacy.

Tiers at a glance

Description of tier	Tier class
Preferred generic	Tier 1
Non-preferred generic	Tier 1A
Preferred brand	Tier 2
Non-preferred brand	Tier 3
Preferred specialty	Tier 4
Non-preferred specialty	Tier 4A
Affordable Care Act preventive	No copay or other out-of-pocket costs
Medical drugs	Covered under your plan's medical coinsurance

Note: The out-of-pocket costs for each tier class depends on your prescription drug benefit. Refer to your Summary of Benefits and Coverage for more details about your drug costs.

Preventive and medical drug coverage

- **Affordable Care Act preventive:** These are drugs used to prevent illnesses, diseases or other health problems. HAP covers the generic version of these drugs without charging you a copay or other out-of-pocket costs.
- **Medical drugs:** Drugs infused or given in a doctor's office or facility that are covered under your medical benefit. Some medical drugs are classified as specialty drugs, and we may require you to get them from a specialty pharmacy.

Mail-order service and specialty provider service

HAP offers mail-order pharmacy services through Pharmacy Advantage. You can get up to a 90-day supply of some medications (new prescriptions or refill). This saves time and money and eliminates trips to the pharmacy.

HAP offers specialty pharmacy services through Pharmacy Advantage, our contracted specialty provider. You must fill your specialty medications through Pharmacy Advantage.

For more details:

- Visit hap.org/prescription-drug/home-delivery
- Call (800) 456-2112

How do I request a drug formulary exception?

You or your doctor can ask us to make an exception to our requirements or limits. You may ask us to cover a drug not included on our formulary or ask us to exempt you from a formulary requirement through the exception process. Your doctor must submit a request to HAP that indicates why the formulary requirements should not apply. You or your doctor must submit the request through use of our electronic prior authorization portals. For prescriptions sent to a pharmacy where prior authorization is needed, use **CoverMyMeds.com** or another electronic prior authorization portal available to the provider to send us information. To learn more about HAP's prescription drug coverage, visit hap.org/prescription-drug.

To learn more about HAP's prescription drug coverage, visit hap.org/prescription-drug.

HAP and its subsidiaries do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.