

Step-by-Step Guide

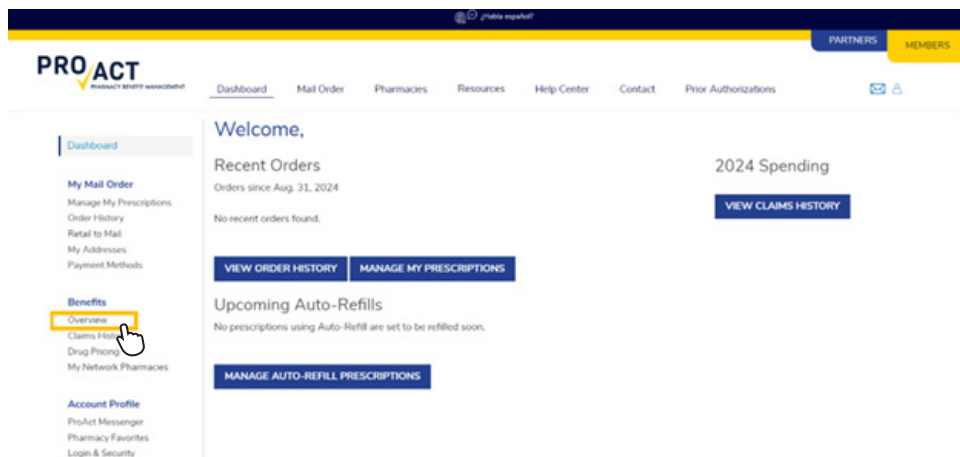
This guide provides a step-by-step process on how to check if your medication is covered under pharmacy benefit.

TO BEGIN THE PROCESS:

Visit www.proactrx.com to log into your profile. Click on the **OVERVIEW** link under the **BENEFITS** section on the left navigation panel.

You will be directed to the benefit portion of the website where you can:

- Search for covered drugs
- Download your formulary
- Find prior authorizations, quantity limits, and step therapy requirements



SEARCH COVERED DRUGS:

The Covered Drug Search tool offers another way to view covered drugs, medication tier, and if a medication is brand or generic.

Benefits

Overview Claims History Drug Pricing

Plan

GROUP

Kinney Employee Discount

PLAN

KINNEY EMPLOYEE DISCOUNT BENEFIT

COVERED DRUGS

[Search Covered Drugs](#)

[Core Formulary](#) ↓

[Prior Authorization Updates](#) ↓

[Quantity Limit Updates](#) ↓

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To use this tool, type the name of the drug in the box under Drug Name.

Drug Name

atorvastati

CHECK COVERAGE

ATORVASTATIN 10 MG TABLET

ATORVASTATIN 20 MG TABLET

ATORVASTATIN 40 MG TABLET

ATORVASTATIN 80 MG TABLET

TIER

DETAILS

assistance with drug coverage, please contact the ProAct Help Desk at 1-877-635-9545.

A list of suggested drugs will populate. Make your selection from the list and then click the **CHECK COVERAGE** button. The system will provide you with details for any brand or generic versions of that medication.

Drug Name	TIER	DETAILS
ATORVASTATIN 20 MG TABLET	CHECK COVERAGE	
DRUG NAME	TIER	DETAILS
Atorvastatin 20 Mg Tablet	Tier 1 - Generic	• Generic
Lipitor 20 Mg Tablet	Tier 3 - Non-Preferred	• Brand

This is not an all-inclusive list as there may be prescription drugs that do not appear. Brand-name drugs may move to non-formulary status if a generic version becomes available during the year. Not all drugs listed may be covered by your prescription plan.

PRIOR AUTHORIZATION UPDATES:

Now that you know your medication is on the formulary, you can download the Prior Authorization Updates document to see if your medication requires a prior authorization

This document will provide a list of medications that may require prior authorization and provide information on how the prior authorization process works and what you will need to do.

COVERED DRUGS

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Why Does My Medication Need a Prior Authorization?

Some medications must be authorized for coverage because they're only approved or effective in treating specific illnesses, they cost more, or they may be prescribed for conditions which safety and effectiveness have not been well established.

Who Decides if My Medication Needs a Prior Authorization?

ProAct and the client mutually determine the drugs selected for prior authorization during the implementation process.

How Do I Get a Prior Authorization for My Medication?

Physicians can start the prior authorization review process by visiting ProAct's online portal at www.proactrx.promptpa.com and submitting all necessary information.

How Long Does the Prior Authorization Process Take?

Once ProAct receives a completed prior authorization request from a physician, a review is typically conducted within 2-3 business days. Submitted prior authorization requests are subject to validation against both member-specific prescription drug coverage and clinical criteria guidelines.

QUANTITY LIMITS UPDATES:

By clicking on the Quantity Limits link, you can download and review the document to see if your medications have quantity limits and what those limits are.

COVERED DRUGS

[Search Covered Drugs](#)

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What Are Quantity Limits?

A quantity limits program protects the members and can help them get the best results from their medication therapy. Along with supporting safe and appropriate dosing, quantity limits can also keep prescription drug costs lower. Quantity limits are meant to minimize the risk of over-dosing and unwanted drug interactions.

Who Decides the Quantity Limits?

Quantity limit rules are based on Food and Drug Administration (FDA), approved indications, Manufacturer labeling instructions, and well-accepted or published clinical recommendations. Our Review committee of independent doctors and pharmacists meets regularly to review medications and consider how they should be covered by pharmacy benefit plans. They also recommend the quantity limit guidelines.

What Do I Do if My Doctor Prescribes Outside of the Quantity Limits?

If your doctor has determined that you need to take more of a medication than the quantity limits allow, a prior authorization will be required to prove that the amount of medication being prescribed is medically necessary.

STEP THERAPY UPDATES:

By clicking on the Step Therapy Updates link, you can download and review the document to find out if your medication requires step therapy and what medications you will need to try before your step therapy medication will be covered

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What is Step Therapy?

Most medical conditions have multiple medication options. Although their clinical effectiveness may be similar, prices can vary widely. With the step therapy program you can get the treatment you need, usually at a lower cost.

With this program, members need to try a Step 1 medication, before a Step 2 medication may be covered. There are some medications that require three steps before a medication is covered. Members must try a Step 1 and Step 2 medication before a Step 3 medication is covered.

What if I Have Already Tried a Step One Drug?

If your prior pharmacy claims show you have tried a Step 1 medication in the recent past, the Step 2 medication may be filled. If not, the pharmacist will contact your doctor to explain the next steps.