Northcrest Health Plan
Member Services · P.O. Box 55210, Riverbend, ST 58023
Member services 1-800-555-0210 (TTY 711), Mon–Fri 7:00a–7:00p Central
northcresthealthplan.example · Plan year 2028

PHARMACY BENEFIT

Document
Drug list and tier explanation
Formulary
NCH-FORM-2028
Version
Effective 01/01/2028 · last updated 03/01/2028
Next scheduled update
April 1, 2028

How the Drug List and the Five Tiers Work

What a tier is, what the restriction letters mean, how a medicine moves during the year, and how an exception is requested

THIS PRINTED EXTRACT IS A SNAPSHOT — THE POSTED DRUG LIST IS THE ONE THAT APPLIES

The drug list changes during the plan year. The version in the member portal on the day your prescription is filled is the version that applies, and the Evidence of Coverage (form NCH-EOC-2028) controls. A medicine appearing below is not a promise of payment.

PLAN **Northcrest Select HMO 2028**	DRUG LIST NCH-FORM-2028 **— 4-tier commercial with specialty**	EXTRACT PRINTED **March 3, 2028 — 12 of 3,180 rows**	PHARMACY HELP DESK **1-800-555-0216, 24 hours, every day**
EXCEPTION REQUESTS **Prescriber submits form** NCH-RX-EX-2028	SPECIALTY PHARMACY **Northcrest Specialty, 1-800-555-0218**	MAIL ORDER **Northcrest Home Delivery, 1-800-555-0217**	CONTROLLING DOCUMENT NCH-EOC-2028 **, section 7**

WHAT EACH TIER COSTS, IN NETWORK

TIER	WHAT IS IN IT	30-DAY RETAIL	90-DAY RETAIL	90-DAY MAIL ORDER	DEDUCTIBLE APPLIES?
1	Preferred generic	$10	$30	$25	No
2	Generic	$30	$90	$75	No
3	Preferred brand	$75	$225	$187.50	No
4	Non-preferred brand	35%, maximum $250	35%, maximum $750	35%, maximum $625	Yes
5	Specialty — retail 30-day supply only, specialty pharmacy	25%, maximum $350	Not available	Not available	Yes
	Annual pharmacy out-of-pocket applies toward the medical out-of-pocket maximum of $7,000 individual / $14,000 family				

Mail order is not available for Tier 5. A 90-day supply is not available for any medicine carrying a quantity limit shorter than 90 days, and is never available for a medicine being filled for the first time.

THE RESTRICTION LETTERS

PA	Prior authorization. Your prescriber must submit clinical information and receive approval before the plan covers it. Standard decision in 72 hours, expedited in 24 hours.
ST	Step therapy. The plan covers it after a listed alternative has been tried, or after your prescriber documents why the alternative is not appropriate.
QL	Quantity limit. A maximum amount per period, shown in the row.
SP	Specialty pharmacy only. Filled through Northcrest Specialty, 1-800-555-0218, not at a retail counter.
MO	Mail order after two retail fills. The third and later fills must go through home delivery.
LD	Limited distribution. The manufacturer restricts which pharmacies may dispense it; Northcrest Specialty will tell you which one applies.

HOW TO LOOK A MEDICINE UP, CORRECTLY

1. Open the portal and go to Pharmacy → Drug list. Do not use a saved PDF from last year.
2. Search the exact name **and** the exact strength. Strengths of the same medicine are often on different tiers.
3. Read the restriction letters in the row before you read the price.
4. Check the quantity limit against what your prescriber wrote.
5. Use the cost estimator with your pharmacy selected — the same medicine can price differently at two in-network pharmacies.
6. If anything is unclear, call 1-800-555-0216 before you go to the counter rather than after a rejection.

SPECIMEN EXTRACT — 12 ROWS FROM NCH-FORM-2028 (ALL DRUG NAMES ARE INVENTED)

DRUG NAME AND STRENGTH	FORM	TIER	FLAGS	QUANTITY LIMIT	STEP THERAPY REQUIRES	30-DAY COST TO THE MEMBER	NOTES
Bexoril 10 mg	Tablet	1	—	None	—	$10	Preferred first-line generic on this list
Bexoril 20 mg	Tablet	1	QL	60 tablets / 30 days	—	$10	
Pravedan 25 mg	Tablet	2	QL	60 tablets / 30 days	—	$30	
Solmirin 5 mg/mL	Oral solution	2	QL	300 mL / 30 days	—	$30	Liquid form for members who cannot swallow tablets
Trebutol ER 300 mg	Extended-release tablet	2	ST, QL	30 tablets / 30 days	One trial of Bexoril	$30	Do not split or crush
Calvaxen 40 mg	Tablet	3	PA, QL	30 tablets / 30 days	—	$75	Approval runs through 12/31/2028
Calvaxen 80 mg	Tablet	3	PA, QL	30 tablets / 30 days	—	$75	
Vantexa 500 mg	Tablet	3	QL, MO	60 tablets / 30 days	—	$75	Retail for the first two fills, then home delivery
Orvantis 100 mg	Capsule	4	ST, QL	60 capsules / 30 days	Trials of Pravedan and Trebutol ER	35%, maximum $250	Deductible applies
Orvantis 200 mg	Capsule	4	PA, ST, QL	30 capsules / 30 days	Trials of Pravedan and Trebutol ER	35%, maximum $250	Deductible applies
Nexaril 150 mg/mL	Prefilled syringe	5	PA, SP, LD, QL	2 syringes / 28 days	—	25%, maximum $350	Northcrest Specialty only, 1-800-555-0218
Zeralio 25 mg	Tablet	5	PA, SP, QL	30 tablets / 30 days	—	25%, maximum $350	First fill limited to 30 days

Twelve rows of 3,180. Every name above is invented so that nothing in this specimen can be read as a coverage statement about a real medicine. Costs shown are the in-network retail 30-day amounts from the tier table on page 1.

REQUESTING AN EXCEPTION

WHAT YOU CAN ASK FOR	WHO SUBMITS IT	DECISION WITHIN
Coverage of a medicine that is not on the drug list	Your prescriber, on form NCH-RX-EX-2028	72 hours standard, 24 hours expedited
A quantity above the listed limit	Your prescriber	72 hours standard, 24 hours expedited
Waiver of a step therapy requirement	Your prescriber	72 hours standard, 24 hours expedited
A lower tier for a Tier 3 or Tier 4 medicine	Your prescriber	72 hours standard, 24 hours expedited
A one-time transition supply during your first 90 days on the plan	The pharmacy, at the counter	Same day, once per medicine, up to 30 days

An approved exception runs through December 31, 2028 unless the notice says otherwise, and must be requested again for the next plan year. A denial carries the appeal rights in section 9 of NCH-EOC-2028: an internal appeal within 180 calendar days, then external review within 4 months of the final internal denial.

WHAT YOUR PRESCRIBER NEEDS TO INCLUDE

- ☐ The diagnosis being treated and how long it has been treated
- ☐ Which listed alternatives were tried, at what dose, for how long, and what happened
- ☐ Why a listed alternative is expected to be harmful or ineffective for you, if none were tried
- ☐ The requested strength, quantity, and duration
- ☐ Relevant laboratory or test results
- ☐ Whether the request is expedited, and the clinical reason for that

> **Most common delay:** The most common reason an exception is delayed is a form that says a medicine “works better” without saying what else was tried and what happened. The review is against written criteria, and the criteria ask for that history.

WHEN A MEDICINE CHANGES TIER OR LEAVES THE LIST DURING THE YEAR

CHANGE	NOTICE TO AFFECTED MEMBERS	EARLIEST EFFECTIVE DATE	IF YOU ARE ALREADY TAKING IT
Moves to a higher tier	At least 60 days' written notice	The first of the month after the notice period	You keep the prior tier until the change takes effect, or until an exception decision is made
Removed from the drug list	At least 60 days' written notice	The first of the month after the notice period	Same — and an exception can be requested before the date
A new PA, ST, or QL restriction is added	At least 60 days' written notice	The first of the month after the notice period	The existing fill pattern continues until the effective date
A generic is added and the brand moves tier	At least 60 days' written notice	The first of the month after the notice period	Ask your prescriber whether the generic is appropriate; that is a clinical decision, not a plan decision
Withdrawn for safety by the manufacturer or a regulator	As soon as practicable	Immediately	Contact your prescriber; the plan cannot cover a withdrawn product
A new medicine is added, or a medicine moves to a lower tier	Posted with the monthly update	Immediately	Nothing to do — this only reduces cost

Change notices are mailed and posted in the portal. The monthly update is published on the first business day of each month; the next one is April 1, 2028.

Boundaries: This extract does not tell you which medicine is right for you, does not compare medicines, and does not recommend changing anything you are taking. Starting, stopping, or switching a medicine is a conversation with your prescriber. The Evidence of Coverage for this plan, form `NCH-EOC-2028`, is the controlling document. Where anything in this guide differs from the Evidence of Coverage, the Evidence of Coverage governs. Nothing here creates a benefit, and an approval, referral, or estimate is never a guarantee of payment.