

## APPENDIX C PRESCRIPTION DRUG BENEFITS

**Retail Benefit.** The Plan has contracted with a pharmacy network to provide you with covered Drugs. To utilize this Benefit, you must take your Physician's written prescription to a network pharmacy. When the prescription is filled you will be required to pay the Co-pay amount specified in the Schedule of Benefits. The network provider will then bill the Plan for any amount in excess of the Co-pay shown in the Schedule of Benefits. *Note:* The Co-pay is not eligible for reimbursement under these *Comprehensive Major Medical Benefits* provisions.

**Retail 90 Program.** This Plan, as reflected in the Schedule of Benefits, enables you to obtain your prescriptions (typically maintenance prescriptions) at a reduced cost. The Plan Sponsor will provide you with additional information about how to utilize the services of the Retail 90 Program. You may be required to utilize that provider to have certain prescriptions filled. The participating pharmacy will bill the Plan for any amount in excess of the Co-pay shown in the Schedule of Benefits. *Note:* The Co-pay is not eligible for reimbursement under these *Comprehensive Major Medical Benefits* provisions.

Expenses for Drugs obtained *outside* of the network are not Covered Expenses, except to the extent the Plan specifically provides coverage for Drugs obtained outside of the network (for example, the Plan may specifically provide that Drugs obtained outside of the network are covered if they are obtained outside of the network's area by a Covered Person who resides outside of the network area). Prescriptions filled Out-of-Network, if purchased after hours due to an Emergency or while the Covered Person is on vacation, must be submitted manually to Administrative Services who will send them to the Pharmacy Benefit Manager for reimbursement. The Covered Person will be reimbursed the amount paid, less the Co-pay due, plus a manual claim fee.

A list of specifically covered and specifically excluded Drugs is included below. This list is not necessarily all-inclusive, and will be updated from time to time. For questions regarding this list, please contact the Pharmacy Benefit Manager at the phone number listed on your ID card.

**Specialty Drug Program.** This Plan utilizes a mandatory Specialty Drug program administered by a Pharmacy Benefit Manager (PBM). All Specialty Drugs require prior authorization by the PBM. If prior authorization is granted, the Specialty Drug must be obtained through the PBM's Specialty Drug program in order for Benefits to be paid.

A Specialty Drug will be excluded from coverage if:

- a. prior authorization is not granted by the PBM; or
- b. the Specialty Drug is dispensed by a Physician or pharmacy that is not participating in the Specialty Drug program.

Questions about the mandatory Specialty Drug program should be directed to the PBM. Information about the PBM, including the phone number, is listed on your ID card.

**Generic Incentive.** If a generic equivalent of a prescription Drug is available and the Covered Person chooses the brand name over the generic equivalent, then he or she must pay the cost difference between the generic and brand name Drug in addition to the brand name Co-pay. However, if there is a documented medical reason (such as an allergic reaction) for the brand name Drug to be dispensed, this provision is waived and the Covered Person will pay only the brand name Co-pay.

**Generic Plus Program.** This Plan utilizes Generic Plus programs administered by the Pharmacy Benefit Manager. Generic Plus programs include ScriptChoice, eScriptChoice, Tablet Splitting Program and First-Fill-Free.

**Step Therapy Program.** Individuals, who are receiving certain maintenance medications for the first time, will be expected to start with generics rather than high cost brand name Drugs. If the generics do not seem to achieve the results, they will be then allowed to use brand name Drugs. Medications in this category are alpha 1 blockers for BPH, anti-depressants, anti-hypertensive agents, anti-inflammatory, biophosphonates, lipid-lowering agents, muscle relaxants, nasal steroids, proton pump inhibitors, sedatives & hypnotics and triptans for migraines.

**Starter Dose Program.** Individuals presenting new prescriptions to a network pharmacy will only be able to obtain a 30-day supply for the first prescription. This is to save the Plan and the individual money in the event that the medication doesn't work out. From that point on, the individual will be able to obtain a 90-day supply at a time. The PBM will determine new prescriptions by looking at the individual's history in the past 180 days.

**WellTrak Program.** This is a chronic Drug therapy management program designed to put selected individuals in touch with a clinical pharmacist to ensure they are getting the most out of their medications. Individuals taking several medications will be targeted. If individuals sign up for this program, the clinical pharmacists will review current medications with them, answer any questions or concerns they may have with their medications, and possibly make recommendations for changes. These phone calls will occur approximately 4 times per year. Employees who are eligible and choose to participate (and continue to participate) will then receive their generic medication at no cost and brand name medication at half the Co-pay (or \$17.50).

**Co-pay Waiver Program.** The Pharmacy Benefit Manager will identify Covered Persons who are taking a high-cost, single-source branded product. Examples include medications in the cholesterol lowering, anti-depressant, sleep aid and ulcer classifications. Covered Persons taking such medications may be eligible to participate in the Co-pay Waiver Program.

The Covered Persons who are eligible for this program will receive a letter from the Pharmacy Benefit Manager explaining that the Plan will waive the Co-pay for up to six (6) months should the member choose to switch to one of the generics available in the program. Covered Persons are encouraged to speak with their Attending Physician before making the switch to a generic Drug.

Any Covered Person who has received a letter and obtained a prescription for one of the generic alternatives must call the Pharmacy Benefit Manager to receive a Co-pay waiver on that Drug.

- The Pharmacy Benefit Manager will authorize the generic Drug for up to six (6) months for \$0 Co-pay at participating retail pharmacies.
- The Pharmacy Benefit Manager will send letters every six (6) months, and the list of Drugs is subject to change.

Please note, that the Co-pay Waiver Program is optional. Letters are sent out to Covered Persons twice a year.

**Questions and More Information.** Questions about any of the above referenced programs, including requests for more information on these programs, should be directed to the PBM. Information about the PBM, including the phone number, is listed on your ID card.

**Drug Inclusions/Exclusions**

Therapeutic Drug or Drug Class	INCL	EXCL	PA	DS, Quantity, Sex & Age Limits
<i>Common Inclusions</i>				
Federal Legend	X			
Injectable Anti-Diabetics (i.e., Insulin-OTC*)	X			
<i>Common Exclusions</i>				
Abortifacients		X		
Anabolic Steroids			X	
Testosterone (for Male Hypogonadism)			X	
Anti-Obesity / Anorexiant Drugs		X		
Botox			X	Include only if Medically Necessary
Contraceptive Implants and Topicals (i.e., IUD's and Diaphragms)		X		
Cosmetic Drugs (i.e., Rogaine, Propecia)		X		
Diagnostic Test Supplies		X		
Emergency Contraceptives		X		
Erectile Dysfunction Drugs (ED)		X		
Viagra (PRN dosing)				
Levitra (PRN dosing)				
Cialis 10mg & 20 mg (PRN dosing)				
Cialis 2.5 mg & 5mg (daily dosing)				
Experimental / Investigational Drugs		X		
Fertility Agents		X		
Fluoride Preparations		X		
Growth Stimulating Products			X	Preferred Product Program: Norditropin
For Short-Stature Syndrome (SSS)				
Homeopathic Drugs		X		
Inhaler Devices		X		

<b>Therapeutic Drug or Drug Class</b>	<b>INCL</b>	<b>EXCL</b>	<b>PA</b>	<b>DS, Quantity, Sex &amp; Age Limits</b>
Non-Legend Drugs (OTC*)		X		
Ostomy Supplies		X		
Therapeutic Devices & Appliances (OTC*)		X		
Vaccines / Serums / Toxoids / Allergens		X		
HPV Vaccine				
Shingles Vaccine				
<b>Other Categories</b>				
Acne Medication - ALL				
Accutane			X	
Retin-A, Avita	X			Covered up to age 35; then PA required
Other Vitamin A Derivatives (i.e., Differin)	X			Covered up to age 35; then PA required
Anti-Fungals	X			Exclude for nail infections
Anti-Migraine Medications - ALL	X			
Oral				Limit 9/30ds; 27/90ds
Spray				Limit 6/30ds; 18/90ds
Injectable				Limit 3/30ds; 9/90ds
ADD / ADHD Medications			X	
Contraceptives - ALL	X			
Oral				
Seasonale / Seasonique (91 DS only)				
Injectable (90 DS only)				
Patches (Ortho Evra)				
Rings (Nuvaring)				
Cox-2 Inhibitors (Celebrex)	X			
Diabetic Administration Supplies				
Syringes / Needles, Insulin Only (OTC*)	X			
Other (i.e., Pumps / Supplies)		X		
Diabetic Test Supplies - ALL	X			
Lancets				
Monitors				Limit one time per Benefit Period
Strips				
Other				
Injectables - ALL	X			
Epipen / Glucagon Kit				
Other				
Non-Insulin Syringes (OTC*)		X		
Prilosec (OTC*)		X		
Schedule V Cough Syrups (OTC*)	X			
Schedule II Narcotic Pain Medication	X			PA required for chronic use
Smoking Deterrents		X		
Wellbutrin			X	
Vaginal Estrogen - (90 Day Packaging)	X			
Estring and Femring				
Vitamins - ALL		X		
Prenatal	X			
Vitamin D			X	
Vitamin K			X	
Zofran (ondansetron)	X			Limit up to 30 pills per claim
<b>Miscellaneous</b>				
Actiq			X	
Lotronex			X	
Non-Sedating Antihistamines		X		
Provigil			X	Exclude for 16 yrs old or younger
Zelnorm			X	

\*OTC = Over-the-Counter