

### Express Scripts

[www.express-scripts.com](http://www.express-scripts.com)

#### **Member Copayment:** (for each prescription and each refill)

<b>Pharmacy Network</b>	<b>Retail Pharmacy</b> Up to 31-days	<b>Mail Order Service</b> Up to 90-days
<b>Deductible</b>	None	None
<b>Generic</b>	\$5 copayment	\$10 copayment
<b>Formulary – Brand (Preferred)</b>	\$10 copayment	\$20 copayment
<b>Non-Formulary – Brand (Non-Preferred)</b>	\$10 copayment	\$20 copayment

#### **Clinical Programs Related to Your Benefits:**

##### **Generic Incentive Plan – applies to Retail and Mail Order**

If you purchase the Brand medication when a Generic is available, you are responsible for the Copayment *plus* the Difference in cost of the Brand vs Generic Equivalent. You are responsible for this payment unless your physician indicates "Dispense As Written".

##### **Step Therapy**

In some cases, where two or more medications are available to treat the same medical condition, ESI may require a doctor to first prescribe an ESI preferred medication (or "first line" medication), and only if that medication does not work would the member be covered for the alternative medication.

##### **Quantity Limits**

Certain prescription drugs may be limited in the quantity of units supplied to ensure consistency with the clinical dosing guidelines, and to minimize waste by ensuring certain medications can be tolerated by the patient.

##### **Other ESI Clinical Programs**

Certain ESI clinical programs and prescription drug management programs ***may be added from time to time*** as accepted by the Plan Sponsor. These programs include, but may not be limited to the following:

##### **Prior Authorization**

Certain drugs or drug classifications may require preauthorization from ESI before it will be covered under the plan.

##### **Mandatory Mail Order**

Your plan requires you to use Mail Order Service for any long-term prescribed medications. After 3 fills of a long-term medication at a Retail Pharmacy, you will need to transition the prescription to mail order. If you choose not to do so, the prescription will not be covered by the plan. The simple and convenient instructions and benefits of mail order service are outlined on the next page.

#### **Words to Know:**

- A **generic drug** includes the same ingredients as its brand name equivalent, but at a lower cost.
- A **formulary brand drug** is a brand name drug that has been selected for its clinical appropriateness (i.e. safety and efficacy) and cost effectiveness.

- **Non-formulary brand drugs** are those which generally have generic equivalents and/or have one or more formulary brand name drugs within the same therapeutic category. These medications are typically covered at the highest copayment.
- **Mail Order Service:** The Express-Scripts mail order service can save you money if you have a condition(s) that requires maintenance medication, or if you take regular medication, or you have a long-term illness. Through this service, you may purchase up to a 90-day supply of most long-term prescribed medications.

### **Specialty Drug Pharmacy Services:**

Accredo Pharmacy (a subsidiary of Express-Scripts) is your provider for specialty drugs. Call Express-Scripts Member Services at 1-844-536-9189 for questions related to Specialty therapies and services. Or visit the Express-Scripts website to view a list of frequently asked questions regarding Specialty Drugs at [www.express-scripts.com](http://www.express-scripts.com).

### **How to get your prescription through Mail Order:**

#### **Online**

Visit [www.express-scripts.com/getstarted](http://www.express-scripts.com/getstarted) and follow the instructions to get prescription home delivery.

#### **By Mail**

1. Ask your physician to write a prescription for up to a 90-day supply of your medication (plus refills for up to one year, if appropriate).
2. Complete a Home Delivery Order Form. If you don't have an order form, you can print one at [www.express-scripts.com](http://www.express-scripts.com). Or simply request one by calling the toll-free number on your member ID card.
3. Mail your order form and your prescription to the address on the form.

### **Preferred Drugs Formulary Management:**

The Plan includes a list of preferred drugs that are either more effective at treating a particular condition than other drugs in the same class of drugs, or as effective as and less costly than similar medications. Non-preferred drugs may also be covered under the prescription drug program, but at a higher cost-sharing tier. Collectively, these lists of drugs make up the Plan's Formulary. The Plan's Formulary is updated periodically and subject to change, so to get the most up-to-date list go online to [www.express-scripts.com](http://www.express-scripts.com). Drugs that are excluded from the Plan's Formulary are not covered under the Plan unless approved in advance by a Formulary exception process managed by Express-Scripts. To determine if the drug you're taking is considered a formulary medication or to inquire about the formulary exception review process, please call the member services telephone number on the back of your card or go online to [www.express-scripts.com](http://www.express-scripts.com).

### **Member Appeals:**

The preferred method to request an initial clinical coverage review is for the prescriber or dispensing Pharmacist to call the Express Scripts Coverage Review Department at 1 800-753-2851. Alternatively, the prescriber may submit a completed coverage review form to **Fax** 1 877- 329-3760. Forms may be obtained online at [www.express-scripts.com/services/physicians/](http://www.express-scripts.com/services/physicians/). Requests may also be mailed to Express Scripts Attn: Prior Authorization Dept., PO Box 66571, St. Louis, MO 63166-6571. Home Delivery coverage review requests are automatically initiated by the Express Scripts Home Delivery pharmacy as part of filling the Prescription.

To request an initial administrative coverage review, the member or his or her representative must submit the request in writing to: Express Scripts, Attn: Benefit Coverage Review Department, PO Box 66587, St Louis, MO 63166-6587.

This information summarizes some of the benefits available through your Employer Plan and is NOT intended to be a detailed description of the Plan. Benefits are subject to the exclusions and limitations contained in your Plan Document. Refer to your Plan Document for benefit details.