



MEDICAL BENEFITS
MAIL ORDER PRESCRIPTION DRUG BENEFIT ~ PLAN B

CITY OF BROWNSVILLE

Plan Benefits Effective: October 1, 2009

This Mail Service Prescription Drug Benefit assists Covered Persons with maintenance prescriptions. All prescriptions filled by CVS Caremark through this benefit are not considered eligible expenses under the Major Medical Expense Benefit.

Definitions:

- Brand Name Drugs** Drugs produced and marketed exclusively by a particular manufacturer. The drug name is usually registered as a trademark.
- Generic Drugs** Drugs not protected by a trademark.
- Legend Drugs** Those drugs which cannot be purchased without a prescription from a physician and bear the legend: Caution -- Federal law prohibits dispensing without a prescription.
- SpecialtyRx/Biotech Drugs** The Plan offers an injectable drug benefit called SpecialtyRx/Biotech drug program. This benefit is accessed through CVS Caremark. This service provides the Plan and Covered Individual a convenient and cost-effective way to order injectable drugs and supplies through CVS Caremark SpecialtyRx/Biotech drug program. To locate a listing of drugs covered under this benefit visit the TML Intergovernmental Employee Benefits Pool website located at www.tmliebp.org and select links, where you will be directed to a listing for SpecialtyRx/Biotech drugs and a Patient Referral Form that will be used by your provider to place the SpecialtyRx/Biotech drug order.

Maximum Allowable Cost (MAC) A CVS Caremark designed program which establishes a ceiling on the amount paid for over 400 drugs with generic equivalents.

Copayments:

Copayments do not apply to any individual deductibles or out-of-pocket amounts.

- Generic Drugs:** \$10.00
Brand Drugs: \$20.00
Biotech Drugs: \$80.00 (up to a 34 day supply)

Dispensing Limitations:

The Mail Service Prescription drug benefit is limited to prescription medications taken on an ongoing basis for 30 days or more, not to exceed 90 days. Orders are mailed to CVS Caremark and prescriptions are returned via First Class Mail or United Parcel Service. Please allow 14 days from the date you mailed your prescription for delivery.

Prior Authorization Requirements:

Prior authorization from CVS Caremark will be required on the following prescriptions:

- Growth Hormones
- Botox
- Attention Deficit Disorder/Narcolepsy medications for individuals 17 years of age or older

For prior authorization, please call CVS Caremark at (888) 413-2723. The doctor's office will be asked a series of questions and then given immediate approval or denied.

Emergencies:

On occasion, you may need to get a prescription filled immediately. Ask your physician to write two prescriptions, one for a 21-day supply of medication to be filled locally and the second for the balance (up to 90 days). The 21-day supply prescription filled locally will be covered according to the prescription drug benefit included in your Plan.

Order forms are included in your employee packets and are available from the TML Intergovernmental Employee Benefits Pool or your employer. A re-order form will accompany each order you receive.

Drugs Covered Under This Benefit	Drugs Not Covered Under This Benefit
<ol style="list-style-type: none">1. Legend Drugs;2. Insulin;3. Disposable insulin needles/syringes and physician prescribed needles/syringes;4. Disposable blood/urine/glucose/acetone testing agents (e.g. Acetest Tablets, Clinitest Tablets, Glucometer, Lancets, Diastix Strips, Tes-Tape and chemstrips - Accu-Check Complete Care NDC # 50924-00515-01, One Touch System NDC# 53885-0325-01, Sure Step NDC# 53885-0341-01);5. Diabetic supplies will be purchased with order for oral diabetic prescription. The plan will allow needles, syringes, lancets and testing strips at no charge if ordered within 30 days of a prescription at the same pharmacy;6. Tretinoin topic dosage forms (e.g. Retin-A, Differin, Tazorac) for Individuals through the age of 25 years;7. Compound medication of which at least one Ingredient is a legend drug;8. Any other drug which under the applicable State Law may only be dispensed upon the written prescription of a physician or other lawful prescriber;9. Oral legend contraceptives;10. Transdermal/Intravaginal Ring contraceptives;11. Central Nervous Stimulants (e.g. Adderal, Ritalin, Dexidrine, etc.) will be covered through age 16;12. Central Nervous Stimulants (e.g. Adderal, Ritalin, Dexidrine, etc) will be covered for covered individuals age 17 and older with approved prior authorization through CVS Caremark;13. Prescription Vitamins oral dosage forms, Prescription Prenatal vitamins and Hematinics non-injectable forms.14. Growth hormones through age 15.	<ol style="list-style-type: none">1. Contraceptive Devices except those list as covered;2. Levonorgestrel (Norplant) and injectable contraceptives;3. Dietary Supplements or formulas;4. Growth hormones after age 15;5. Immunization agents, biological sera blood or blood plasma;6. Male pattern baldness medications;7. Smoking deterrent medications containing nicotine or any other smoking cessation aids, all dosage forms (e.g. Nicorette, Nicoderm, etc.);8. Tretinoin, oral dosage forms all ages and topical forms (e.g. Retin-A, Differin, Tazorac) for individuals 26 years of age or older; Cosmetic agents including anti-wrinkle and skin depigmenting agents;9. Therapeutic devices or appliances, including support garments and other non-medicinal substances, regardless of intended use;10. Charges for the administration of injection of any drug;11. Drugs labeled "Caution - limited by Federal Law to investigational use" or experimental drugs even though a charge is made to the individual;12. Medications which are to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar premises which operates on its premises or allows to be operated on its premises, a facility for dispensing pharmaceuticals;13. Fertility medications;14. Sexual Stimulants and Erectile dysfunction prescriptions;15. Any prescription refilled in excess of the number specified by the physician or any refill dispensed after one year from the physician's original order;16. Prescription which an eligible person is entitled to receive without charges from any Workers' Compensation Laws;17. Anti-obesity medications;18. Non-legend drugs other than those listed above.