



**MEDICAL BENEFITS**  
**RETAIL PRESCRIPTION DRUG BENEFIT**  
**MAXIMUM ALLOWABLE COST CVS CAREMARK CARD PROGRAM (MAC C)**  
**CITY OF BROWNSVILLE ~ PLAN A**  
**Effective Date: October 1, 2009**

---

This benefit schedule is made a part of the Plan for the purchase of outpatient prescription drugs. **All charges for outpatient prescription drugs are covered under this benefit and are not considered eligible expenses unless purchased through this program.**

---

**Definitions:**

<b>Brand Name Drugs</b>	Drugs produced and marketed exclusively by a particular manufacturer. The drug name is usually registered as a trademark.
<b>Generic Drugs</b>	Drugs not protected by a trademark.
<b>Legend Drugs</b>	Those drugs which cannot be purchased without a prescription from a physician and bear the legend: Caution -- Federal law prohibits dispensing without a prescription.
<b>Maximum Allowable Cost (MAC)</b>	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.

**CVS Retail Stores (Preferred National Network) Copayments:**

Generic Drugs:	\$0 per prescription (up to a 34 day supply)
Generic Drugs:	\$9 per prescription (84-90 day supply)
Brand Drugs:	\$20 per prescription

**National Network (Non-CVS locations) Copayments:**

Generic:	\$10.00 per prescription
Brand Name:	\$20.00 per prescription

**Dispensing Limitations:**

The amount normally prescribed by a physician, but not to exceed a 34-day supply.

**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 have your doctor call CVS Caremark at (888) 413-2723. Your doctor will be asked a series of questions and will then be immediately approved or denied.

**Identification Cards:**

Each covered employee will be issued an ID card. You must present your ID card to the pharmacist at the time of purchase.

**If a covered person does not have the ID card at the time of purchase these steps must be followed:**

1. Pay for the entire cost of the prescription.
2. Obtain and complete a direct prescription drug CVS Caremark claim form. These are available from your employer or the TML Intergovernmental Employee Benefits Pool.
3. Send the CVS Caremark drug claim form with the prescription receipt directly to CVS Caremark.

CVS Caremark, Inc. will pay the appropriate amount, less the copayment and Maximum Allowable Cost (MAC) differential (if applicable), directly to the Covered Person usually within 30 days.

<b>Drugs Covered Under This Benefit</b>	<b>Drugs Not Covered Under This Benefit</b>
<ol style="list-style-type: none"> <li>1. Legend Drugs;</li> <li>2. Insulin;</li> <li>3. Disposable insulin needles/syringes and physician prescribed needles/syringes;</li> <li>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);</li> <li>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;</li> <li>6. Tretinoin topic dosage forms (e.g. Retin-A, Differin, Tazorac) for Individuals through the age of 25 years;</li> <li>7. Compound medication of which at least one Ingredient is a legend drug;</li> <li>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;</li> <li>9. Oral legend contraceptives;</li> <li>10. Transdermal/Intravaginal Ring contraceptives;</li> <li>11. Central Nervous Stimulants (e.g. Adderal, Ritalin, Dexidrine, etc.) will be covered through age 16;</li> <li>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;</li> <li>13. Prescription Vitamins oral dosage forms, Prescription Pre-natal vitamins and Hematinics non-injectable forms.</li> <li>14. Growth hormones through age 15.</li> </ol>	<ol style="list-style-type: none"> <li>1. Contraceptive Devices except those list as covered;</li> <li>2. Levonorgestrel (Norplant) and injectable contraceptives;</li> <li>3. Dietary Supplements or formulas;</li> <li>4. Growth hormones after age 15;</li> <li>5. Immunization agents, biological sera blood or blood plasma;</li> <li>6. Male pattern baldness medications;</li> <li>7. Smoking deterrent medications containing nicotine or any other smoking cessation aids, all dosage forms (e.g. Nicorette, Nicoderm, etc.);</li> <li>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;</li> <li>9. Therapeutic devices or appliances, including support garments and other non-medicinal substances, regardless of intended use;</li> <li>10. Charges for the administration of injection of any drug;</li> <li>11. Drugs labeled "Caution - limited by Federal Law to investigational use" or experimental drugs even though a charge is made to the individual;</li> <li>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;</li> <li>13. Fertility medications;</li> <li>14. Sexual Stimulants and Erectile dysfunction prescriptions;</li> <li>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;</li> <li>16. Prescription which an eligible person is entitled to receive without charges from any Workers' Compensation Laws;</li> <li>17. Anti-obesity medications;</li> <li>18. Non-legend drugs other than those listed above.</li> </ol>