



CITY OF BROWNSVILLE - PLANS A and D
RETAIL AND MAIL ORDER PRESCRIPTION DRUG BENEFIT
MAXIMUM ALLOWABLE COST PRESCRIPTION CARD PROGRAM (MAC C)

Effective Date: October 1, 2018

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

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.

Copayments

Network Retail Pharmacy Copays

Generic Drugs:	\$0 per prescription (up to a thirty (30) day supply)
Generic Drugs:	\$9 per prescription (thirty-one (31)-ninety (90) day supply)
Brand Name Drugs:	\$20 (up to a thirty (30) day supply)

Mail Order Copays

Generic Drugs:	\$20
Brand Name Drugs:	\$40
SpecialtyRx/Biotech Drugs	\$20 (thirty (30)-day supply)

For Mail Order services, contact OptumRx at (800) 788-7871.

SpecialtyRx/Biotech Drugs

The Plan offers an injectable drug benefit called SpecialtyRx/Biotech drug program. This benefit is accessed through OptumRx. This service provides the Plan and Covered Individual a convenient and cost-effective way to order injectable drugs and supplies through OptumRx's SpecialtyRx/Biotech drug program. Contact OptumRx (866) 218-5445 to access these medications.

Over the Counter/Behind the Counter Benefit

This Plan covers these non-prescription drugs for a \$0.00 copay, when purchased at the pharmacy counter with a physician's prescription: Non-Sedating Antihistamines (i.e.: Claritin and Alavert); Smoking Deterrents (i.e.: Nicorette, Nicotine Patch or Lozenges) limit of three (3) boxes per calendar year; Stomach and Ulcer (i.e.: Prevacid and Prilosec); Aspirin; Folic Acid; Iron Deficiency Supplements; Fluoride Chemoprevention Supplements; and Vitamin D supplementation to prevent falls in community-dwelling adults age sixty-five (65) years and older who are at an increased risk for falls.

Prior Authorization Requirements

Prior authorization from OptumRx will be required on the following prescriptions:

- Growth Hormones
- Testosterone – all products (*only covered for hormone replacement, not covered for lifestyle*)
- Botox
- Attention Deficit Disorder/Narcolepsy medications for individuals seventeen (17) years of age or older
- Compound Medications in excess of \$200

For Prior Authorization, please have your doctor call OptumRx at (800) 711-4555. 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 claim form. These are available on the OptumRx website or from IEBP.
3. Send the drug claim form with the prescription receipt directly to OptumRx.

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

Drugs Covered Under This Benefit

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 - Diabetic monitors are also covered, limit one (1) per calendar year);
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 thirty (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 twenty-five (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 (generic at no cost share) and the following at no cost share: Injectable contraceptives (e.g., Depo Provera), Diaphragms, IUDs, Female Condoms, Spermicides, Sponges, Vaginal Rings, and Transdermal Patches;
10. Implantable Contraceptives (e.g., Levonorgestrel (Nexplanon)) at no cost share;
11. Central Nervous Stimulants (e.g. Adderal, Ritalin, Dexidrine, etc.) will be covered through age sixteen (16);
12. Central Nervous Stimulants (e.g. Adderal, Ritalin, Dexidrine, etc.) will be covered for covered individuals age seventeen (17) and older with approved prior authorization through OptumRx;
13. Prescription Vitamins oral dosage forms, Prescription Pre-natal vitamins and Hematinics non-injectable forms;
14. Growth hormones with approved prior authorization through OptumRx; and
15. Immunizations.

Drugs Not Covered Under This Benefit

1. Dietary Supplements or formulas;
2. Biological sera blood or blood plasma;
3. Male pattern baldness medications;
4. Smoking deterrent medications containing nicotine or any other smoking cessation aids, all dosage forms. (e.g., Nicorette, Nicoderm, etc.) unless listed as covered;
5. Insulin pumps and supplies (e.g., tubing and electrical wiring);
6. Tretinoin, oral dosage forms all ages and topical forms (e.g. Retin-A, Differin, Tazorac) for individuals twenty-six (26) years of age or older; Cosmetic agents including anti-wrinkle and skin depigmenting agents;
7. Therapeutic devices or appliances, including support garments and other non-medicinal substances, regardless of intended use;
8. Charges for the administration of injection of any drug;
9. Drugs labeled "Caution - limited by Federal Law to investigational use" or experimental drugs even though a charge is made to the individual;
10. 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;
11. Fertility medications;
12. Sexual Stimulants and Erectile dysfunction prescriptions;
13. Prescription fluoride products;
14. 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;
15. Prescription which an eligible person is entitled to receive without charges from any Workers' Compensation Laws;
16. Anti-obesity medications; and
17. Non-legend drugs other than those listed above.