



PRESCRIPTION DRUG BENEFIT SUMMARY

Administered by Express Scripts • Toll-free: **1-800-498-4904**

Effective Date of Coverage: July 1, 2019

| | LOCAL PARTICIPATING RETAIL PHARMACY | EXPRESS SCRIPTS HOME DELIVERY PHARMACY |
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| Maximum day's supply per copay | 30 days | 90 days |
| Generic drugs | \$10 copay | \$22 copay |
| Preventative Products Under the Patient Protection & Affordable Care Act. <i>(Prescription required. To confirm products covered, contact Member Services at 1-800-498-4904.)</i> | \$0 copay | \$0 copay |
| Diabetic supplies, Generic & preferred-brand insulin | \$0 copay | \$0 copay |
| Generic & preferred-brand oral diabetes medications | \$10 copay | \$22 copay |
| Non-preferred diabetes medications and supplies | 70% copay | 70% copay |
| Preferred brand-name drugs | 30% of the discounted cost; minimum payment of \$30 and maximum payment of \$60 | \$60 copay |
| Non-preferred drugs | 70% copay Visit www.express-scripts.com to price a medication, view drug coverage notes and find less costly alternatives for your doctor's review. | 70% copay Visit www.express-scripts.com to view the current formulary, obtain copay cost estimates, and find less costly alternatives for your doctor's review. |
| Specialty drugs These drugs must be filled via the contracted specialty pharmacy, (Accredo) at Express Scripts. <i>(Call 1-800-803-2523)</i> | 30 day supply (if 90-day supply is approved, copay will multiply x 3): <ul style="list-style-type: none"> • Generic \$55 copay • Preferred brand-name \$80 copay • Non-preferred drugs \$130 copay Please Note: Any specialty medication not obtained via the Accredo Specialty Pharmacy will reject. | |
| Immunizations administered by certified pharmacists. <i>(See definitions in this Section.)</i> | \$0 copay To locate a certified pharmacist, visit https://nmpsia.com/ExpressScripts.html or Contact Member Services at 1-800-498-4904. | Not covered at mail order. Only available from local, certified pharmacist. Visit https://nmpsia.com/ExpressScripts.html or contact Member Services at 1-800-498-4904. |
| Out of pocket Maximum <i>(specialty/non-specialty combined; \$3,100/individual, \$6,200/family)</i> | If you choose to take a brand name drug where a generic is available, you will still pay the difference in cost between the brand and the generic even after your out-of-pocket has been met. | |



EXPRESS SCRIPTS®

DEFINITIONS

Generic prescription drug. A medication that contains the same active ingredient and is manufactured according to the same strict federal regulations as its brand-name counterpart. Generic medications may differ in color, size, or shape, but the Food and Drug Administration requires that they have the same strength, purity, and quality as their brand counterparts. A generic medication can be produced once the manufacturer of the brand medication is required to allow other manufacturers the opportunity to produce it.

Brand-name drug. A medication that is available only from its original manufacturer or from another manufacturer that has a licensing agreement to produce it. These medications are marketed under recognized brand names. A brand-name drug may have a generic equivalent once the manufacturer is required to allow other manufacturers the opportunity to produce it.

Multisource brand drug. A medication that may have a Food and Drug Administration generic equivalent substitute available.

Maintenance drug. A medication prescribed for long-term use (e.g., therapy taken daily by those with high blood pressure or diabetes).

Formulary. A list of commonly prescribed medications that have been selected based on their clinical effectiveness and opportunity for savings. An independent Pharmacy and Therapeutics Committee updates this list regularly, based on continuous evaluation of medications. You can contact Express Scripts at [1-800-498-4904](tel:1-800-498-4904) to determine if the medication you are taking is on the formulary. You can also locate this information at www.express-scripts.com. If a medication you are taking is not on the formulary, you may want to discuss alternatives with your doctor or pharmacist. Using medications on the formulary will keep your costs and NMPSIA's costs lower.

Coverage review (prior authorization). Express Scripts must review prescriptions for certain medications with your doctor before they can be filled under your plan, since more information than appears on a prescription is needed. The review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines, and uses that are considered reasonable, safe, and effective. Your doctor can request a coverage review (prior authorization) by calling Express Scripts at [1-800-753-2851](tel:1-800-753-2851). If you need to know whether your prescription will require a coverage review (prior authorization), visit www.express-scripts.com or call Member Services at [1-800-498-4904](tel:1-800-498-4904).

Immunizations covered if administered by a certified pharmacist include the following: DPT, MMR, Tetanus/ Diphtheria, HPV, Hepatitis A & B, Shingles, Meningococcal, Varicella (chicken pox), Influenza (Flu), Pneumonia.

Quantity management. NMPSIA sets limits on quantities of certain medications. To promote safe and effective drug therapy, certain covered medications may have quantity restrictions. These quantity restrictions are based on manufacturer or clinically approved guidelines and are subject to periodic review and change.

Request generics whenever possible. If you or your doctor selects a brand medication instead of a generic, you will be charged the brand copay, plus the difference in cost between the brand and the generic.



DEFINITIONS (cont.)

Step therapy requirement. Your plan uses a coverage tool called step therapy, which requires you first to try one or more specified drugs to treat a particular condition before your plan will cover another (usually more expensive) drug that your doctor may have prescribed. Step therapy is intended to reduce costs to you and your plan by encouraging the use of medications that are less expensive but can treat your condition effectively. If your doctor believes that you should use medication that requires a review for coverage, your doctor can request such a review. Your doctor can call toll-free **1-800-753-2851**, 6:00am to 7:00pm, Mountain Standard Time, Monday through Friday. To see which medications are affected by step therapy, visit www.express-scripts.com or call Member Services at **1-800-498-4904**.

Specialty medications. Accredo, Express Scripts' specialty pharmacy, is the provider of specialty medications. Specialty medications are used to treat complex conditions, such as Cancer, Growth Hormone Deficiency, Hemophilia, Hepatitis C, Immune Deficiency, Multiple Sclerosis, and Rheumatoid Arthritis. Your plan participates in a specialty pharmacy co-pay assistance program through SaveonSP. Certain specialty pharmacy medications (Program drugs) in this program are considered Non-Essential Health Benefits under the plan and the cost of such drugs will NOT be applied toward satisfying the patient out of pocket maximum. Although the cost of the Program drugs will not be applied towards satisfying the patient out of pocket maximum, once enrolled, the cost of the Program drugs will be reimbursed by the manufacturer at no cost to the patient. To find out more about your specialty prescription drug benefit, visit www.express-scripts.com or call Accredo at **1-800-803-2523**.

Drug safety. Prescription drugs help fight off illness and can improve health. They can also be dangerous if the wrong person takes them, or if they're taken in the wrong amount. It's important they be taken only as directed and stored safely. Your plan partners with Express Scripts to identify unusual or excessive utilization patterns.

MEMBERS WITH DIABETES

Insulin and diabetes supplies are covered. To confirm copay or coverage of insulin or diabetes supplies, visit www.express-scripts.com or contact Member Services at **1-800-498-4904**.

Diabetic Supplies & Test Strips: The test strips you currently use may no longer be covered under your formulary. As the preferred brand for Express Scripts*, OneTouch® may offer you savings that are not available with non-preferred brands. Talk to your doctor about OneTouch® to avoid paying full cost for your diabetes supplies.

To order a OneTouch® System at no charge: Visit www.OneTouch.orderpoints.com and input order code **573EXP333** or call **1-800-668-7148** and provide order code **573EXP333**. Get started with your free kit and start saving today.

Not covered: Drugs for cosmetic purposes only. Proton Pump Inhibitors, Intranasal Steroids and Antihistamines with over-the-counter (OTC)/OTC equivalents (Prilosec®, Nexium®, Claritin®, Zyrtec®, Allegra®, Alavert®, Nasacort®, Flonase®), except certain preventative products under the Patient Protection and Affordable Care Act. Compound medications that contain certain ingredients which have a FDA approved commercially available alternative drug. Medical supplies and equipment (except syringes and needles used to administer insulin, and spacers for asthma inhalers). Medications prescribed by a physician or healthcare practitioner acting outside the scope of his or her license. Experimental, investigational, and unproven drugs. Replacement prescriptions filled due to loss or theft.

This is intended as a summary only. This summary does not supersede the provisions of the program documents, which in all cases govern program eligibility and benefits. This is a summary of material modifications to the New Mexico Public Schools Insurance Authority benefit program and should be read as an amendment to the program documents.