

Prescription Drug Benefit Summary

Administered by Express Scripts 2009



NEW MEXICO GENERAL SERVICES DEPARTMENT/RISK MANAGEMENT DIVISION

Copayments	Participating Pharmacy				Home Delivery		
	Tier Level	Copayment	Minimum	Maximum	Any Generic	Brand* Formulary	Non-Formulary
Prescription drugs approved by the U.S. Food and Drug Administration (FDA); and prescribed by a licensed provider Insulin; diabetic supplies; insulin syringes with needles, alcohol swabs, blood testing strips, glucose/ketone testing strips, ketone tablets, lancets, lancet devices, diabetic monitors Requires written prescription from physician to be covered under prescription plan	• Generic Drugs	20%	\$5	\$15	\$12	\$50	\$100
	• Brand Formulary	30%	\$30	\$50			
	• Brand Non-formulary	40%	\$55	\$100			
Day Supply	Up to 34-consecutive-day supply at a participating pharmacy				Up to 90-consecutive-day supply		
Specialty Medications: *excludes insulin and migraine therapies					30-day supply, \$150 copayment, \$1,500 limit per fiscal year. After the \$1,500 limit is reached, copayments are \$75 for the rest of the fiscal year.		

Quantity Level Limits: For certain prescription drugs, GSD/RMD requires a limit on the quantities of the medications you receive, based on guidelines from the FDA and current literature. To stay current, these limits may change from time to time. You and your provider will be contacted.

Medications Requiring Prior Authorization: Our program requires that certain medications be pre-approved before they are covered, to determine if they are medically necessary. To request a prior authorization, your doctor may call Express Scripts at 1.800.417.8164, or fax a letter to 1.800.357.9577. If you have questions about which medications require prior authorization, please contact the Express Scripts Patient Care Contact Center at 1.877.849.5530.

Injectables administered in the physician's office will be covered under the medical plan. Any exceptions to this rule will require prior approval from Express Scripts.

*Subject to generics preferred program and step therapy program; see reverse side of this page.



Added Benefit

Vaccines: We are very pleased to offer an expanded benefit to include vaccines *without a copayment* at certified pharmacies. Below is a list of covered vaccines. To locate a certified pharmacy, please contact the Express Scripts Patient Care Contact Center at 1.877.849.5530.

- DPT
- Gardasil®
- Hepatitis B
- Meningococcal
- Tetanus/Diphtheria
- Zostavax®
- Influenza
- Hepatitis A
- MMR
- Pneumonia
- Varicella

Payments For Which You May Be Responsible

Generics Preferred Program:

To encourage the use of generic medications, your pharmacy will see if a generic is available when you need to get a prescription filled. If a generic is available and you choose it, you pay the standard copayment for a generic drug. This will be less than the copayment for a brand-name medication. If you or your doctor choose the brand-name drug instead of a generic, you will pay your brand-name copayment plus the difference in cost between the generic and the brand-name drug.

Step Therapy:

Step Therapy is a program especially for people who take prescription drugs regularly to treat an ongoing medical condition, such as high blood pressure or asthma. These medications are called “maintenance medications.” The medications covered by this program are organized in a series of “steps,” to help ensure that you receive the most clinically appropriate medication for your condition. For instance, the program usually starts with generic drugs in the first step. More expensive brand-name drugs are usually covered in the second step. These second-level medications require your doctor’s approval.

At the pharmacy, your claims history will show if you’ve used a first-step prescription drug before. If you have, a second-step prescription drug may be used. If you have not used either a first-step or second-step medication in the past 130 days, the pharmacist will not be able to fill your prescription right away. You or your pharmacist should contact your doctor to see if you can change to a first-step prescription. Or your doctor can request a prior authorization for the medication originally prescribed. For instance, you may be granted a prior authorization for a second-step medication because your medical condition requires it. Your doctor can contact the Express Scripts’ prior authorization department at 1.800.417.8164 to provide the necessary information.

Use of a Non-Participating Pharmacy/Failure to Use ID Card:

If you do not present your ID card at the participating pharmacy, or if you use a non-participating pharmacy for covered medications, you will be charged the full retail price by the pharmacy. You will need to submit a paper claim form to Express Scripts for reimbursement. The claim is reimbursed at the contracted discounted rate less the applicable copayment.

Services Not Covered

- Medications for cosmetic purposes only
- Over-the-counter medications
- Prescription drugs when there is an equivalent available without a prescription
- Medical supplies and equipment (except syringes and needles for the administration of insulin and spacers for inhalers)
- Medications that are not prescribed by a provider acting within the scope of his/her license
- Experimental, investigational or unproven medications
- Replacement prescription drugs resulting from loss or theft

Definitions

Brand-name prescription drug: A medication that is sold under a name created by the manufacturer that usually holds the patent on the medication. The cost is usually higher than the generic version. (There is not always a generic version for every brand-name drug.)

Formulary: A listing of prescription drugs which are preferred for use. The list is periodically reviewed and modified by a panel of physicians and pharmacists. Formulary changes generally occur Jan. 1 of the calendar year. You will receive a new formulary prior to Jan. 1. Changes may occur during the year, if for example, a medication becomes generic or over the counter. It is always best to contact Express Scripts to verify your benefit coverage.

Nonformulary: Medications not listed on the formulary.

Generic prescription drug: A medication which is chemically the same as the brand-name medication. These medications are usually referred to by their chemical name. Generic drugs can be made after the patent has expired on a brand-name drug.

This is a summary, in general terms, of the key features of the program. 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 State of New Mexico General Services Department/Risk Management Division benefit program and should be read as an amendment to the program documents.

For questions, call the Express Scripts Patient Care Contact Center at 1.877.849.5530. Log on to www.express-scripts.com and register. You can use “Price Check” to see what your prescription will cost and compare retail and Home Delivery copayments.

