

## Jefferson City School District Effective January 1, 2018

### Base Plan (001) and Retiree Under 65 (R01)

	1-30 Day <u>Supply Retail</u>	90 Day <u>Supply Mail</u>
Generic Medications	\$ 10	\$ 20
Preferred Medications	\$ 30	\$ 60
Non-Preferred Medications	\$ 50	\$ 100

### Buy-Up Plan (002) and Retiree Under 65 (R02)

	1-30 Day <u>Supply Retail</u>	90 Day <u>Supply Mail</u>
Generic Medications	\$10	\$20
Preferred Medications	\$30	\$60
Non-Preferred Medications	\$50	\$100

**Specialty Medications:** Specialty medications must be ordered through Briova Rx at 1-800-850-9122. Limited to a 30-day supply and may require prior authorization.

	1-30 Day <u>Supply Briova Rx</u>
Specialty Medications Less Than \$1,000	\$75
Specialty Medications Over \$1,000	\$125

**Step Therapy Program:** Your employer has implemented step therapy with quantity limits and/or prior authorizations. If you choose to use certain brand-name drugs before trying a generic medication, your prescription may not be covered and you may need to pay the full cost. Step therapy applies to the following therapeutic categories: Anti-Infectives, Cardiovascular, Central Nervous System, Statins, ADHD Agents, Migraine Agents, Dermatology, Diabetes, Endocrinology, Gastroenterology, Ophthalmology, Respiratory and Urology. Please contact Member Services 1-800-334-8134 for a list of medications.

#### **DRUGS COVERED\***

- Legend Drugs (drugs that require a prescription) Exceptions: See Exclusion list below.
- Compounded medication of which at least one ingredient is a legend drug at a participating pharmacy. Compounded medications equal to or exceeding \$300 per script will require prior authorization.
- Diabetic Care: Insulin/Insulin pre-filled syringes, Agents/Strips, Disposable insulin needles/syringes and lancets.
- Narcolepsy medications (prior authorization and quantity limits apply)
- ADD/ADHD medications (prior authorization required over age 18, step therapy and quantity limits apply)
- Migraine medications (step therapy and quantity limits apply)
- Extended Release Controls-Opioid Analgesics (quantity limits apply)
- Sleep Aids/Hypnotics (step therapy and quantity limits apply)

**DRUGS COVERED (continued)\***

- Androgens/Testosterone (prior authorization required)
- Oral/Intranasal/Topical Fentanyl Products (prior authorization required and quantity limits apply)
- Topical Acne Agents (prior authorization required over age 25)
- Growth Hormones (prior authorization required)

**EXCLUSIONS\***

- Biological, blood products, serums and Non-ACA immunization agents
- Cosmetic agents (Anti-wrinkle agents, Depigmenting agents, Hair growth stimulants & removal products)
- Experimental and investigational drugs, including compounded medications for non-FDA approved use.
- Compounded prescriptions that use ingredients such as bulk chemicals and powders.
- New to market drugs, including line extensions and new strengths until clinically reviewed
- Anti-obesity/Appetite suppression
- Anabolic Steroids
- Infertility Medications
- Impotency Medications
- Topical Analgesic Pain Patches
- Nutritional Supplements
- OTC products
- Prescription Vitamins
- Medication which is 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 institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.

Your employer's plan is subject to the Affordable Care Act (ACA) which requires the coverage of a number of preventive items and services at 100% and ensures these items and services are not subject to deductibles or other limitations such as annual caps or limits. You may contact Member Services if you have specific drug questions to check drug costs and coverage.

**\*This is not an inclusive list but is a representation of the most commonly used medications. Contact Member Services for specific drug coverage information.**