



**City of Plano  
Employee Benefit Design Summary**

**Effective Date: January 1, 2011**

**PHARMACY BENEFIT**

**CVS/CAREMARK**

**TOLLFREE: 888-850-8245**

**ID CARD & NETWORK PHARMACIES:**

Identification Card must be shown to a participating network pharmacy at the time you obtain your prescription drug product. If you do not show your ID card to the pharmacy, you will be required to pay for the prescription drug product at full cost; there is no coverage for out of network pharmacy claims. Prescription benefits apply only to those who are covered under the medical plan.

**DIRECT MEMBER REIMBURSEMENT FOR MANUAL/PAPER CLAIM SUBMISSION:**

Members may submit pharmacy claims for manual reimbursement for the contracted discount less coinsurance for up to 90 days from service date. Please note that you may pay more with paper claim submission; the amount reimbursed will be based on the contracted discount, less required coinsurance that may apply. The member will be responsible for the coinsurance plus the difference in cost between the billed & contracted amounts.

**SUPPLY & QUANTITY LIMITATIONS:**

As written by the prescribing physician, up to a consecutive 30-day supply of a prescription drug product is allowed at retail. As written by the prescribing physician, up to a consecutive 90-day supply of a prescription drug product must be obtained through mail order or at the CVS retail pharmacy.

**MANDATORY MAIL ORDER for maintenance medications: (Maintenance Choice)**

Maintenance Choice requires you to fill all maintenance medications (90 day supply) either through the Caremark mail order pharmacy or at the retail CVS Pharmacy. Maintenance Choice offers this flexibility at the mail order cost. (Maintenance medications include the Erectile Dysfunction and Migraine Agents)

*In addition, the following medications have Standard Quantity Limitations:*

<u>THERAPEUTIC CLASS</u>	<u>Retail Quantity Limits</u>	<u>Mail Order Quantity Limits</u>
<u>Analgesics:</u>		
Stadol Nasal Spray	3ml/30 days	available only at retail
Toradol	20 / 5 days	available only at retail
fentanyl patches	10 patches / 30 days	available only at retail
<u>Anti-Emetics:</u>		
Aloxi 0.25mg/5ml	5ml/30 days	available only at retail
Anzemet 50mg & 100mg Tab	3/30 days	available only at retail
Anzemet 100mg/5ml & 12.5mg/.625ml Inj	5ml/30 days	available only at retail
Cesamet 1mg	20/30 days	available only at retail
Kytril 1mg Tab	6/30 days	available only at retail
Kytril 1mg/ml Inj	1 ml/30 days	available only at retail
Kytril 2mg/10ml Oral Sol	30ml/30 days	available only at retail
Zofran 24mg Tabs	1/30 days	available only at retail
Zofran 4mg & 8mg Tabs/ODT	12/ 30 day	available only at retail
Zofran Oral Sol	100ml/ 30 day	available only at retail
Zofran 2mg/ml Inj	10ml/ 30 day	available only at retail
Ondansetron 32mg/50ml Inj	50ml/ 30 day	available only at retail
Marinol 2.5mg, 5mg, & 10mg	60/30 days	available only at retail
Sancuso Topical Patches	2/30 days	available only at retail
Zuplenz 4mg & 8mg caps	12/30 days	available only at retail
Emend 40mg cap	3 caps / 6mo	available only at retail

Emend 125mg cap	1 cap/ 15 days	available only at retail
Emend 80mg cap	2 caps/15 days	available only at retail
Emend Inj 115mg	1 vial/15 days	available only at retail
Emend Tri Pack	1 pack/15 days	available only at retail

**Erectile Dysfunction:**

**Retail Quantity Limits**

**Mail Order Quantity Limits**

Caverject	6 / 30 days	18 / 90 days
Edex	6 / 30 days	18 / 90 days
Muse	6 / 30 days	18 / 90 days
Viagra	6 / 30 days	18 / 90 days
Cialis	6 / 30 days	18 / 90 days
Levitra	6 / 30 days	18 / 90 days

**Migraine Agents:**

**Retail Quantity Limits**

**Mail Order Quantity Limits**

Amerge	9 / 30 days	27 / 90 days
Axert	12/ 30 days	36 / 90 days
Frova	9/ 30 days	27 / 90 days
Imitrex tabs	9 / 30 days	27 / 90 days
Imitrex Nasal Spray 5 mg	2 pkg - 12 nasal units/30 days	6 pkg - 36 nasal units/90 days
Imitrex Nasal Spray 20 mg	2 pkg - 12 nasal units/30 days	6 pkg - 36 nasal units/90 days
Imitrex Injectable Vial	1 (5ml) vial/30 days	3 (5ml) vials/90 days
Imitrex Injectable Kits	2 kits - 4 inj/30 days	6 kits - 12 inj/90 days
Maxalt	12 / 30 days	36 / 90 days
Zomig tabs/Zomig ZMT 2.5 mg	12 / 30 days	36 / 90 days
Zomig tabs/Zomig ZMT 5 mg	12 / 30 days	36 / 90 days
Zomig Nasal Spray	2 pkg - 12 nasal units/30 days	6 pkg - 36 nasal units/90 days
Relpax	12 / 30 days	36 / 90 days
Migranal	1 unit (8ml)/30 days	3 units (8ml)/90 days
Sumavek Dosepro	1 unit (6ml)/30 days	3 units (6ml)/90 days
Treximet Tab	9/ 30 days	27 / 90 days

**Sedatives/Hypnotics:**

Ambien	15 / 30 days	available only at retail
Ambien CR	15 / 30 days	available only at retail
Lunesta	15 / 30 days	available only at retail
Rozerem	15 / 30 days	available only at retail
Sonata	15 / 30 days	available only at retail
Dalmane	15 / 30 days	available only at retail
Doral	15 / 30 days	available only at retail
Halcion	10 / 30 days	available only at retail
Prosom	15 / 30 days	available only at retail
Restoril	15 / 30 days	available only at retail

**PRIOR AUTHORIZATION REQUIRED LIMITATIONS:**

The following medications require Prior Authorization:

- Actiq (PA at retail, available only at retail)
- Xolair
- Forteo
- Lotronex/Zelnorm/Amitiza
- Wellbutrin SR/XL
- Fuzeon Kit
- Topical Acne - PA for participants age 26 and up - tretinoin such as Retin-A, Retin-A Micro, Tretin-X, tretinoin plus Differin
- Tazorac - PA all ages
- Psoriasis Agents - Amevive, Raptiva, Soriatane
- Lupron Products
- Provigil

**COINSURANCE**

**\$100 annual family deductible \$2500 Max. OOP/Person**

<b><u>Retail (30 Day Supply)</u></b>	<b>Coinsurance</b>	<b>Minimum</b>	<b>Maximum</b>
Tier 1 - Generic	15%	\$6	\$15
Tier 2 - Brand Preferred	25%	\$30	\$45
Tier 3 - Brand Non Preferred	40%	\$45	\$60

<b><u>Mail (90 Day Supply)</u></b>			
Tier 1 - Generic	15%	\$12	\$30
Tier 2 - Brand Preferred	25%	\$60	\$90
Tier 3 - Brand Non Preferred	40%	\$90	\$120

<b><u>Specialty Drugs</u></b>	<b>Copay</b>
(per 30 day supply)	\$120

### **OVER-THE-COUNTER MEDICATION COVERAGE**

Over-the-counter medications are not covered, with the exception of Claritin-OTC and Prilosec-OTC (both covered as Tier-1/Generic ). These medications are only covered when purchased at a network pharmacy with a valid written prescription.

### **MANDATORY GENERICS**

Generic medications are mandatory and will be provided when available. Members can choose brand-name medications instead and pay the appropriate Tier 2 or Tier 3 cost, plus the difference between the brand and generic alternative **up to a maximum total copay of \$360 for a 90 day supply.**

### **COVERED PRESCRIPTION DRUG ITEMS**

Some of the general categories of covered prescription drugs are listed below:

- Legend Drugs (drugs that require a prescription)
- Compound prescriptions
- Diabetic supplies
- Insulin & Insulin Syringes
- Oral Contraceptives, Depo-Provera, Nuvaring, patches
- Erectile Dysfunction/organic impotence drugs (subject to Quantity Limitations)
- Prenatal Vitamins
- Anaphylaxis Kit e.g. Epi-pen
- Hemophiliac factors
- Topical Dental Flouride (up to age 19)
- Injectibles e.g. multiple sclerosis, hepatitis

### **PRESCRIPTION DRUG ITEMS NOT COVERED:**

- Over-the-counter medications, except for Claritin-OTC and Prilosec-OTC (covered at tier-1 copay)
- Non-insulin syringes
- Insulin related devices such as blood glucose monitors, insulin pump
- Biological serums and proteins
- Diet control drugs (anorexiant)
- Medical devices/supplies even if a prescription is required e.g. stockings, blood glucose monitor, respiratory machine
- Fertility Drugs
- Diagnostic agents (test kits)
- Contraceptive devices e.g. diaphragm, IUD
- Smoking Cessation drugs
- Hair growth stimulants
- Growth hormones
- Vitamins and cosmetic alteration drugs other than those listed as covered
- Emergency contraceptives e.g. RU486(Mifepristone), Preven
- Experimental drugs or drugs required to be labeled "Caution -- Limited by federal law to investigation use"

### **SPECIALTY PHARMACY**

**Specialty pharmacy items must be obtained through Caremark Specialty Pharmacy. Contact Caremark for details and instructions.**



