



Prescription Drug Card Program

**St. Tammany Parish School Board**  
**Effective January 1, 2019**

	<b>34 Day</b>	<b>90 Day</b>
	<b><u>Supply Retail</u></b>	<b><u>Supply Mail</u></b>
<b>Generic Drugs/Tier 1</b>	<b>\$15</b>	<b>\$ 30</b>
<b>Preferred Brand/Tier 2</b>	<b>\$40</b>	<b>\$ 80</b>
<b>Non-Preferred Brand/Tier 3</b>	<b>\$60</b>	<b>\$120</b>
<b>Multi-Source Brand</b>	<b>\$75</b>	<b>\$150</b>

**Maximum Out of Pocket (MOOP): \$5,150 single/\$10,300 family**

The calendar year MOOP applies to pharmacy. Each individual family member must meet the single MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%.

**Specialty Medications:** Specialty medications are limited to 30-day supply and must be ordered from Express Scripts pharmacy Accredited at 1-800-803-2523. Specialty medications require prior authorization and quantity limits or step therapy may apply. Some specialty medications may qualify for third party copayment assistance programs which could lower your out of pocket costs for those products. For any such specialty medication where third party copayment assistance is used, the Member shall not receive credit toward their maximum Out-of-Pocket or Deductible for any Copayment or Coinsurance amounts that are applied by a manufacturer coupon or rebate.

**HDCR (High Dollar Claim):** Medication costs exceeding \$1,000 per 30-day supply and \$3,000 per 90-day supply require prior authorization. (Please have physician contact RxBenefits at 1-855-490-6676).

**LCV (Low Clinical Value):** Formulary Exclusion List including low clinical value drugs, me too drugs, new to market drugs and non-essential drugs are excluded from the plan.

**DRUGS COVERED\***

- Legend Drugs (drugs that require a prescription) **Exceptions:** See Exclusion list below.
- Compound medications of which at least one ingredient is a legend drug at a participating pharmacy. Certain compound medications require a prior authorization and all compounded medications equal to or exceeding \$300 per script will require prior authorization.
- ADD/ADHD medications
- Acne agents (Accutane, Retin-A, etc.) - **Prior Authorization required over age 35**
- Biologicals/Immunization Agents (Zostavax & Gardasil)
- Contraceptives
- Diabetic Care: agents/strips for testing, disposable insulin needles/syringes and lancets\*\*
- Growth Hormones
- Hair Growth Stimulants
- Impotence Agents - **Quantity Limits apply**
- Narcolepsy (Provigil, Nuvigil, etc.) – **Prior Authorization required**
- Androgens & Anabolic Steroids – **Prior Authorization required**
- Influenza Treatments - **Quantity Limits apply**

**For Prescription Drug Card Member Services Call 1-800-334-8134** NG

**DRUGS COVERED (cont.) \***

- Insulin/Insulin pre-filled syringes
- Migraine Medications – **Quantity Limits apply**
- Fentanyl and Stadol NS – **Quantity Limits apply**
- Smoking Cessation - **Quantity Limits apply**
- Prenatal and fluoride vitamins
- Glumetza/Fortamet and Zegerid – **Prior Authorization required**

**EXCLUSIONS\***

- Anti-obesity/Appetite suppression medications
- Compounded prescriptions that use ingredients such as bulk chemicals and powders
- Cosmetic agents (Anti-wrinkle agents)
- Fertility medications
- OTC products
- Nutritional Supplements
- Therapeutic devices or appliances unless listed as a covered product
- New to market drugs, including line extensions and new strengths until clinically reviewed
- 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.
- Patient assistance programs may not apply to deductible and out of pocket accumulations.

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

**\*\* No co-pay for diabetic supplies but co-pay does apply for insulin**

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 can contact Member Services if you have specific drug questions or register at [www.Express-Scripts.com](http://www.Express-Scripts.com) to check drug costs and coverage.