

## White Plains Hospital Effective January 1, 2020

### EPO/PPO

	30 Day Supply <u>Retail</u>	90 Day Supply <u>**Mail</u>
Tier 1 - Generic Drugs	\$15	\$30
Tier 2 - Preferred Brand Name Drugs	\$30	\$60
Tier 3 - Non- Preferred Brand Name Drugs	\$60	\$120
*Specialty	\$60	\$120
Generic preventive medications used to treat Asthma, Diabetes, Hypertension and Hyperlipidemia	\$5	\$10

### Maximum Out of Pocket (MOOP): \$2,500 Individual/\$5,000 Family

The calendar year Maximum Out of Pocket (MOOP) applies to pharmacy claims. Each individual family member must meet the individual 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%. Dispense as written penalties do not apply to the MOOP.

**\*Specialty Medications:** Specialty medications are limited to 90 day supply and are subject to the copays above. Specialty medications must be ordered from Accredo Specialty Pharmacy at 1-800-803-2523. Specialty medications may be subject to prior authorization, step therapy, and quantity limits.

**\*\*Mandatory Mail:** After a prescription for maintenance medication is filled 3 times at retail (only 30 day supplies allowed at retail), you will pay 50% of the cost of the medication if the medication is not fulfilled through mail order.

**Dispense As Written Policy:** If your doctor writes a prescription stating that a generic may be dispensed, we will only pay for the generic drug. If you choose to buy the brand name drug in this situation, you will be required to pay the brand copay plus the difference in cost between the generic and brand name drug. The Dispense As Written Policy does not apply if your doctor requires a brand name medication.

**Step Therapy Program:** Your plan has certain medications that are subject to step therapy. You could be asked to try one of the first or second level options before a Brand medication is covered by the plan.

**Diabetic Meters and Supplies:** Your plan offers free diabetic meters and supplies (test strips, lancets) from Test-N-Share. You must enroll at <https://www.testnshare.com/register/patient/wphbenefit> in order to receive your free meter and/or supplies. This program does not include medications you take related to diabetes.

### DRUGS COVERED\*

Drugs covered may be subject to Utilization Management which may include prior authorization and/or quantity limits. Please contact Member Services if you have specific drug questions or register at [express-scripts.com](https://www.express-scripts.com) to check coverage.

- ADD/ADHD Medications
- Androgens
- Compound medications of which at least one ingredient is a legend drug at a participating pharmacy. Compounded medications equal to or exceeding \$300 per script may require prior authorization.
- Contraceptives: Oral, transdermal, intravaginal, implantable devices, injectable, diaphragms, IUD's and extended cycle products

For Prescription Drug Card Member Services Call RxBenefits at 1-800-334-8134

- Diabetic Care: Insulin/Insulin pre-filled syringes, Agents/Strips for testing, Disposable insulin needles/syringes and lancets
- Growth Hormones
- Gastrointestinal-Antiemetics
- Hypnotics
- Impotency Medications
- Infertility Medications
- Legend Drugs (drugs that require a prescription) Exceptions: See Exclusion list below
- Migraine medications
- Narcolepsy Medications
- Nutritional Supplements (Rx Only)
- Pain/Narcotics
- Prescription Vitamins
- Prescription and OTC smoking cessation (two 12 week programs per plan year); OTC requires prescription
- Topical Acne Medications

#### **EXCLUSIONS\***

- Anti-obesity/Appetite Suppression medications
- Biologicals, Vaccines, Immunization Agents
- Blood Products and Serums
- Cosmetic agents: Anti-wrinkle agents, Pigmenting & De-Pigmenting, Hair growth stimulants and hair removal products
- Compounded prescriptions that use ingredients such as bulk chemicals and powders
- Formulary Exclusion List
- OTC Products unless noted above
- Topical Analgesic Pain Patches
- Therapeutic devices or appliances unless listed as a covered product
- Patient assistance programs may not apply to deductible and out of pocket accumulations.
- 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 physician's office, 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.
- Certain formulary exclusions including medications which have low clinical value may apply. Contact Member Services at 1-800-334-8134 for additional information.

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

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.