



## Pharmacy Benefit Summary for the City of Davenport

Script Care is a Pharmacy Benefit Manager and currently administers the pharmacy benefits for your employer's health plan. Over 64,000 retail pharmacies nationwide participate in the Script Care network. To locate a participating pharmacy in your area, visit [www.scriptcare.com](http://www.scriptcare.com). Our Customer Service Department is available 24 hours a day, 7 days a week. Please call 1-800-880-9988 or e-mail your questions to [customerservice@scriptcare.com](mailto:customerservice@scriptcare.com).

### COVERED MEDICATIONS

See below for some of the general categories that are covered under your prescription plan with Script Care:

Legend drugs.  
Insulin and insulin syringes.  
Diabetic supplies, including glucose meters.  
Prenatal vitamins.  
Injectable vitamins.  
ADHD drugs.  
ACA Medications.  
Oral Erectile Dysfunction drugs.

#### Items Covered with Prior Authorization:

PCSK9 Inhibitors.  
Cosmetic agents.  
Fertility drugs.  
Fentanyl Lozenge.  
Oxycodone.

#### COMPOUND PROGRAM COVERAGE

Compound prescriptions, of which at least one ingredient is a legend drug in a therapeutic amount, are covered, with the following limitations:

\$100.00 max dollar per script  
4 scripts per month. Prescriptions processed through the Script Care Compound Program are exempt from the limitations

#### Items Covered with Quantity Limitations:

Amerge – 9 tablets per 30 day supply.  
Axert – 12 tablets per 30 day supply.  
Bydureon – 4 per 30 day supply.  
Byetta – 2.4 per 30 day supply  
Copegus – 168 tablets per 28 day supply.  
Diclofenac Sodium – 100 grams per 30 day supply.  
Frova – 9 tablets per 30 day supply.  
Imitrex Injectable – 4 Stat Doses/Systems or 4 vials per 30 day supply.  
Imitrex Tablets – 18 tablets per 30 day supply.  
Imitrex Nasal Spray – 1 box per 30 day supply.  
Maxalt/MLT – 18 tablets per 30 day supply.  
Migranal Nasal Spray – 1 box per 30 day supply.  
Relpax – 6 tablets per 30 day supply.  
Stadol Nasal Spray – 2 bottles per 30 day supply.  
Tanzeum – 4 per 30 day supply.  
Trulicity – 2 per 30 day supply.  
Victoza GPI 2717005000D220 – 9 per 30 day supply.  
Zomig/ZMT – 6 tablets per 30 day supply.  
Zomig Nasal Spray – 1 box per 30 day supply.

### EXCLUDED MEDICATIONS

Not all prescription medications are covered under your pharmacy benefits. Listed below are some of the general categories of medications that are not covered under your prescription plan with Script Care:

Over-the-Counter (OTC) drugs.  
Non-insulin syringes.  
Biological serums (immunological vaccines).  
Diet control drugs (anorexics).  
Medical devices/supplies.  
Fertility drugs.  
All other erectile dysfunction/organic impotence drugs.  
Diagnostic agents (test kits).  
RU486 (mifepristone).  
Hair growth stimulants.  
Non-drug items, such as stockings or devices, even if a prescription is required.  
Experimental drugs or drugs required to be labeled: "Caution -- Limited by federal law to investigation use."  
Refills obtained more than one year after the original prescription date or prior to 75% of the completion of the projected usage.

Cosmetic agents, 26 and over.  
Growth hormones.  
Vitamins other than those listed.  
Dietary products.  
Compound Kits.  
SCL Standard Exclusions and CPA list.

#### EXCLUSIONS BASED ON GENDER:

Males Arimidex GPI 2140281000\*.  
Exemestane GPI 21402835000320.

### RX COPAYS

When your physician issues an Rx, simply present the Rx along with your Script Care identification card to a participating pharmacy, or you may use the mail order pharmacy to fill a 90 day supply of maintenance medications, if applicable. Refer to the SCL Specialty Pharmacy Program for special instructions, if applicable. You will pay a copayment based on the following classifications of medications:

#### PARTICIPANT CONTRIBUTIONS

Per calendar year  
Maximum OOP: per member \$6,900.00 per family \$13,800.00

	<u>Retail 30</u>	<u>Retail 30 P&amp;F</u>	<u>Mail Order G</u>	<u>Mail Order P&amp;F</u>	<u>Specialty G/P&amp;F</u>	<u>Diabetic G/P&amp;F</u>
Generic:	\$5	\$5	\$10	\$10	\$5/\$5	\$10/\$10
Formulary:	\$20	\$15	\$40	\$30	\$20/\$15	\$40/\$30
Non-formulary:	\$40	\$30	\$80	\$60	\$40/\$30	\$80/\$60
ACA Medications:	\$0	\$0	\$0	\$0		

Dispense as Written Penalty: If your physician authorizes the use of a generic drug, and you insist upon the use of a brand name drug, then you must pay the difference between what the network pharmacy will be paid for the generic drug and the actual charge for the brand name drug. Physicians who insist upon the use of a brand name drug for a drug that has a generic equivalent available must so note on the face of the prescription.

### DISPENSING LIMITS

Your physician's orders may limit the amount of medication that can be dispensed at one time. See below for the maximum day supply that your prescription benefit plan allows:

Retail Pharmacies: 20-day supply; C-II: 90 day supply for mail order copayments; Insulin: 90 day supply allowed.

Mail Order Pharmacy: 90-day supply

Specialty Pharmacy: 30-day supply

Diabetic Pharmacy: 90-day supply