

Pharmacy Benefit Summary for Cape Girardeau School District - HSA

Welcome to Script Care, Ltd. Script Care is a Pharmacy Benefit Manager and will begin administering the pharmacy benefits for your employer's health plan effective August 1, 2023. Your mail order pharmacy is Prescription Mart. Over 64,000 retail pharmacies nationwide participate in the Script Care network. To locate a participating pharmacy in your area, visit 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 questions to 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.

ACA Standard Coverage (with exclusions). Anaphylaxis Therapy Agents (injectables). Compound Products (SCL Program only). Dermatology – Acne, less than 26.

Dermatology – Skin Disease. Diabetic supplies/injectables.

Injectables.

RX Prenatal & Injectable Vitamins.

Specialty drugs.

Stimulants (ADHD drugs).

ITEMS COVERED WITH PRIOR AUTHORIZATION - CPA

Continuous Glucose Monitors/Supplies.

Cystic Fibrosis Medication, Hemophilia, Hepatitis C, Hereditary Angioedema, Inflammatory Conditions, PCSK9 Inhibitors.

COMPOUND PROGRAM COVERAGE

\$100.00 max dollar per script / 4 scripts per month

Prescriptions through SCL Compound Program are exempt from

limitations.

Items Covered with Quantity Limitations:

Amerge – 9 tabs/30 days. Axert – 12 tabs/30 days. Bydureon – 4 units/28 days. Byetta – 2.4 units/30 days.

Cambia – 9 packets/30 days. Copegus – 168 tab/28 days.

Diclofenac Sodium - 100 units/30 days.

Ergomar – 20 tabs/30 days. Frova – 9 tab/30 days.

Imitrex/Sumavel/Zembrace Inj-4 Stat Dose Systems/4 Stat

Doses/4 vials.

Imitrex tabs – 18/30 days (all strengths). Imitrex/Tosymra Nasal Spray – 1 box/30 days.

Maxalt/Maxalt MLT – 18 tabs/30 days. Migranal Nasal Spray – 1 box/30 days.

Nurtec – 15 tabs/30 days. Onzetra Xsail – 1 box/30 days.

OxyContin/Oxycodone – lesser of 30-day supply or qty of 100.

Relpax – 8 tabs/30 days. Reyvow - 8 tabs/30 days.

Stadol Nasal Spray - 2 bottles/30 days.

Trulicity – 2 units/28 days. Ubrelvy – 16 tabs/30 days. Victozia –9 units/30 days

Zomig/Zomig ZMT – 8 tabs/30 days. Zomig Nasal Spray – 1 box/30 days.

Treximet – 9 tabs/30 days. Zyrem – 540 ml/30 days.

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 Drugs. Allergen Immunotherapy.

Bulk Chemicals Not Compounded.

Contraceptives devises, injectables, and OTC.

Cosmetic Agents.
Diagnostic Agents
Dietary Products.
Erectile Dysfunction.
Fertility Agents.

Glucose Monitors.

Growth Hormones.

Medical Devices & Supplies. Non-insulin Syringes/Needles.

Passive Immunizing/Treatment Agents

RX Vitamins.

Smoking Cessation Products.

Vaccines - Non-ACA.

Weight Loss Drugs (anorexics). SCL Standard Exclusions.

RX COPAYS

Simply present your Script Care identification card with a valid prescription for yourself or a covered dependent to a network pharmacy. The pharmacist will check your eligibility, fill the prescription at the correct contract price, and provide you with a receipt upon your payment.

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 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. The maximum your prescription benefit plan allows is a 90 day supply.