

## Pharmacy Benefit Summary for Cape Girardeau School District - PPO

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](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 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.  
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.  
Victoza –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.	Cosmetic Agents.
Allergen Immunotherapy.	Diagnostic Agents
Bulk Chemicals Not Compounded.	Dietary Products.
Contraceptives, injectables, and OTC.	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**

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. You will pay a copayment based on the following classifications of medications:

	<u>Retail 1-30 Day</u>	<u>Retail 31-90 Day</u>	<u>Mail Order</u>	<u>Specialty</u>
Generic:	\$10.00	\$10.00	\$10.00	\$10.00
Preferred Brand:	\$30.00	\$60.00	\$60.00	\$30.00
Non-Preferred Brand:	\$50.00	\$100.00	\$100.00	\$50.00

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.