



Law Enforcement Health Benefits, Inc.

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LEHB PRESCRIPTION PLAN BENEFIT INFORMATION

GENERICIS:

The LEHB Prescription Plan is a mandatory generic plan. NOTE: If you select a Name Brand when a generic is available, you will be financially responsible for the difference in cost. (The Ancillary Fee)

COPAYS:

Retail Pharmacy – Prescriptions are filled, up to a 30 day supply, obtained at a network pharmacy.

*****Maintenance Medications Must Use Mail Order after 4 Fills at Retail**

- Generic Drug (Chemical copies of their brand name)
 - \$5.00 co-pay *If the cost of the medication is less than \$5.00 you will only pay the amount of the medication.
- Brand Name Drug (Trade name under which the product is advertised and sold) Patent protected for 17 years.
 - Brand Name Non-Formulary \$15.00 co-pay
 - Brand Name Formulary \$10.00 co-pay

Mail Order- Prescription filled at Express Scripts Mail Order for a 90 day supply.

- **Generic Drug** (Chemical copies of their brand name)
 - \$10.00 co-pay for a 90 day supply *If the cost of the medication is less than \$10.00 you will only pay the amount of the medication.
- **Brand Name**
 - Formulary \$20.00 for a 90 day supply
 - Non-Formulary \$30.00 for a 90 day supply
- You should receive your medication within 7 to 10 days after Express Scripts receives the prescription.
- A complete list of all maintenance medications is available at the Express Scripts website: www.express-scripts.com

ACCREDO (Specialty Injectable)

- Accredo is the Express Scripts preferred Specialty Pharmacy.
- Accredo specializes in oral and injectable specialty medications. Specialty medications treat chronic, complex conditions such as Hepatitis C, Multiple Sclerosis and Rheumatoid Arthritis.

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- All specialty medications require a prior authorization. Please contact LEHB to initiate a prior authorization.
- Accredo offers many products and services to LEHB members:
 - Assigns you a Patient Care Coordinator who serves as your personal advocate and your point of contact. This highly trained individual coordinates billing with your insurer and will even contact you when it's time to refill your prescription.
 - Has a complete specialty pharmacy inventory with many specialty medications that aren't readily available at a local pharmacy.
 - Delivers your specialty medications directly to you or your doctor to insure receipt of prescription.
 - Provides you with the necessary supplies (such as syringes, etc.) you need to administer your medications – at no additional cost.
 - Offers clinically based care management programs – which include consultation with your doctor – to help you get the maximum benefit from the specialty medications that your doctor prescribed for you.
- All Medications that are processed through Accredo are dispensed as a 30 day supply and have the following copayments:
 - Generic Drug \$20.00
 - Brand Name \$20.00

STEP THERAPY PROGRAM

- Many different drugs are available for treating particular medical conditions. Step Therapy follows a process that enables the Doctor to find the best, most effective treatment for you, with a minimum of side effects, at your lowest co-pay.
- You will be recommended to use a first line medication (defined by clinical experts as the simplest treatment and the preferred therapy for most people – at your lowest co-pay)
- Medications for the following conditions can come under Step Therapy:

ADHD	High Blood Pressure	<u>Specialty Medications:</u>
Asthma/ Allergies	Arthritis/Pain	Multiple Sclerosis
High Cholesterol	Hypnotics	Inflammatory Conditions
Dermatitis/Eczema	Diabetes	Growth Hormones
Depression	Ulcer/Acid Reflux	Erythroid Stimulants

PRESCRIPTION COVERAGE IS TWO TIERED

- When the drug spend is up to \$16,000.00 of total Family Usage Normal Co-pays apply.
- Over \$16,000 – You will have 50% Co-insurance (you pay 50% of the cost of the medication) up to the Affordable Care Act Out of Pocket Maximum of \$6,400 for a Single person or \$12,800 for a Family
- **ABSOLUTELY NO EXCEPTIONS**

EXCLUSIVE HOME DELIVERY (Mandatory Mail Order after four (4) fills at retail)

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- Maintenance medication (same prescription/same strength for four months) mainly affects ongoing conditions such as diabetes, high blood pressure, etc. A complete list of maintenance medications is available at the Express Scripts website: www.express-scripts.com
 - First 30 day prescription you will fill at a retail pharmacy; you will receive a notice after your 3rd 30 day refill, informing you that you must go Mail Order after the 4th refill.
 - Mandatory mail order will provide:
 - 3 month (90 day) supply
 - With only a 2 month co-pay
 - 24 hour access to a pharmacist
 - Free home delivery
 - There are three easy ways to start “exclusive home delivery” mandatory mail order.
 1. Online at www.express-scripts.com
 2. By mail
 - ✓ Ask doctor to write your prescription for a 90 day supply (if appropriate) plus three (3) refills providing you with a total of one (1) year supply of the medication.
 - ✓ Complete the home delivery order form available online at: www.express-scripts.com or call the 1-800 number on your member ID card.
 - ✓ Mail your order form and your prescription to the address on the form.
 - ✓ Mail order forms can be obtained at LEHB’s Center City Office
 3. Your doctor can send the prescription to Express Scripts electronically
- *Your doctor should NEVER send a first time fill to mail order. They must be done at a retail pharmacy.**

OVER THE COUNTER (OTC)

Over the counter (OTC) medications are available to you without a co-pay.

Limited to below:

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| <ul style="list-style-type: none"> • Claritin/Claritin D OTC • Zyrtec/Zyrtec D • Allegra/Allegra D • Flonase • Children’s Flonase • Nasacort Nasal Spray • Centirizine | <ul style="list-style-type: none"> • Rhinocort or the Generic Equivalent • Prilosec OTC • Zegrid • Omeprazole • Nexium • Prevacid • Loratidine |
|---|---|

• You must have your doctor write a prescription for any of the above medications in order for you to receive them free over the counter.

• **You will have two (2) options:**

Option 1. Your Doctor writes a prescription for the OTC product, with the term “over the counter” clearly listed on the prescription. Next, present your prescription to the pharmacist along with the product.

➤ **Your copayment is zero (\$0)**

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Option 2. Continue taking one of the following brand name medications. Your co-pay will be either \$5.00, \$10.00, or \$15.00 depending on the medication and the cost to LEHB will be much greater.

Alternatives to Claritin OTC and Zyrtec:

Fexofenadine
Clarinet/D
Lansoprazole

Alternatives to Prilosec OTC:

Nexium
Pantoprazole
Xyzal

QUESTIONS

- Please call the LEHB Prescription Team at (215) 763-8290 and speak with Helen ext. 226, Phyllis ext. 220 or Brianna ext. 210

Under NO circumstances should YOU change or adjust YOUR medication or dosage without your doctor's approval.

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