



Pharmacy Benefit Summary for 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. 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.

COVERED PRESCRIPTION BENEFITS-COPAYMENTS-LIMITATIONS

COVERED PRESCRIPTION BENEFITS

Legend drugs.
Insulin and insulin syringes.
Diabetic supplies, including glucose meters.
Prenatal vitamins.
Injectable vitamins.
ADHD drugs.
ACA Medications.
Oral Erectile Dysfunction drugs.
Onnipod 5 products.

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.

ITEMS COVERED WITH PRIOR AUTHORIZATION – LMN/CPA

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

DISPENSE AS WRITTEN

A physician **dispense as written** prescription will cost the participant the brand name copayment. Physicians who insist upon the use of a brand name drug for a multisource drug must write the words "Brand Necessary" on the face of the prescription. If a physician authorizes the use of a generic drug for a multisource drug, but the participant insists on the use of a brand name drug, then the participant must pay the difference between what the participating pharmacy will be paid for the multisource drug and the actual charge for the brand name drug.

Deductible/Maximum Benefit/Maximum Out-Of-Pocket

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

*Hyvee/Amicare – \$0 – all medication

*ACA - \$0

76414069PF- Fire

<u>Retail</u>	
Preferred:	\$25.00
Non-preferred:	\$45.00
Generic:	\$5.00

Mail Order

Preferred:	\$50.00
Non-preferred:	\$90.00
Generic:	\$10.00

Specialty**

Preferred:	\$25.00
Non-preferred:	\$45.00
Generic:	\$5.00

76414069PF -Police

<u>Retail</u>	
Preferred:	\$20.00
Non-preferred:	\$40.00
Generic:	\$5.00

Mail Order

Preferred:	\$40.00
Non-preferred:	\$80.00
Generic:	\$10.00

Specialty**

Preferred:	\$20.00
Non-preferred:	\$40.00
Generic:	\$5.00

76414069G - General

<u>Retail</u>	
Preferred:	\$20.00
Non-preferred:	\$40.00
Generic:	\$5.00

Mail Order

Preferred:	\$40.00
Non-preferred:	\$80.00
Generic:	\$10.00

Specialty**

Preferred:	\$20.00
Non-preferred:	\$40.00
Generic:	\$5.00

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.

EXCLUSIONS BASED ON GENDER

Males Arimidex GPI 2140281000*.
 Exemestane GPI 21402835000320.

EXCLUSIONS

Non-insulin syringes.
Over-the-Counter (OTC) drugs.
Biological serums (immunological vaccines).
Diet control drugs (anorexics).
Medical devices/supplies.
All other erectile dysfunction/organic impotence drugs.
Diagnostic agents (test kits).
RU486 (mifepristone).
Hair growth stimulants.
Growth hormones.
Vitamins other than those listed.
Dietary products.
Compound Kits.
SCLStandard Exclusions.
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 investigational use."
Refills obtained more than one year after the original prescription date or prior to 75% of the completion of the projected usage.

DISPENSING LIMITS

Retail:	30 day supply.
C-II:	90 day supply for mail order copayments.
Insulin:	90 day supply for mail order copayments.
OK Phcy:	90 day supply for mail order copayments.
Mail Order:	90 day supply.
Specialty:	30 day supply.