



Munroe Regional Medical Center

Effective October 1, 2012

Munroe Choice, Munroe Advantage, Network Choice and Network Advantage

	<u>1-34 Day Supply At a retail pharmacy</u>	<u>90 Day Supply Through Mail</u>
Generic Drugs/Tier 1	\$ 10	\$ 30
Formulary Brand/Tier 2	\$ 40	\$120
Non-Formulary Brand/Tier 3	\$ 60	\$180

Generic Policy: *If your doctor writes a prescription stating that a Generic may be dispensed, your coverage will only pay for the generic drug. If you choose to buy the Brand name drug in this situation, you will be required to pay the Generic co-pay plus the difference in cost between the Generic and Brand name drug. The Generic Policy does not apply if your doctor requires a brand name medication.*

Specialty medications are limited to a 30 day supply and must be ordered through Caremark Specialty Pharmacy at 1-800-237-2767.

Performance Generic Step Therapy: Your employer has implemented performance generic step therapy that promotes the use of generic medications first before non-preferred brand medications. If you choose to use certain non-preferred brand-name drugs before trying a generic medication or a preferred brand medication, your prescription may not be covered and you may need to pay the full cost. Enclosed you'll find a list of non-preferred brand-name drugs that require you try a generic first. This list can change quarterly.

DRUGS COVERED*

- Legend Drugs (drugs that require a prescription) **Exceptions:** See Exclusion list below.
- Acne agents (prior authorization required for age >34)
- ADD/ADHD medications (prior auth required for age >18)
- Narcolepsy medications (prior auth required)
- Impotence agents (quantity limits of 6 per 25 days)
- Migraine Meds (FDA quantity limits apply)
- Compounded medication of which at least one ingredient is a legend drug at a participating pharmacy
- Contraceptives: Oral, injectable, diaphragm, transdermal & intravaginal, extended cycle products
- Diabetic Care: Insulin/Insulin pre-filled syringes, Agents/Strips, Disposable insulin needles/syringes/lancets
- Prescription vitamins
- Antifungals (prior authorization required)
- Oral Fentanyl Products (prior authorization required)
- Prescription and OTC smoking cessation (two 12 week programs per calendar year) OTC requires prescription

EXCLUSIONS*

- Biological, blood products, serums and immunization agents
- Fertility medications
- IUD and Implantable devices for contraception (may be covered under Medical)
- Cosmetic agents (Anti-wrinkle agents, Depigmenting agents, Hair growth stimulants and removal products)
- Nutritional Supplements
- Anti-obesity/Appetite suppression medications
- Medication which is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.

*This is not an inclusive list but is a representation of the most commonly used medications. Contact customer service for specific drug coverage information.

Your employer's plan is subject to the Affordable Care Act (ACA) which requires the coverage of a number of preventive items and services at 100% and ensures these items and services are not subject to deductibles or other limitations such as annual caps or limits. You can contact Customer Service if you have specific drug questions or register at www.caremark.com to check drug costs and coverage.

For Prescription Drug Card Customer Service Call 1-800-334-8134

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Brand Medications Requiring Use of a Generic First

You can save money by using safe, effective generic medications when possible. According to your prescription benefit plan, in order for certain brand-name medications to be covered, you will have to try a generic medication first. The chart below tells you which kinds of drugs require you to use a generic first. This chart only provides a sample list of generic drug options and may not include all drugs available.

Drug Class <i>Condition Treated*</i>	Step 1: You will have to try one of these generic medications first:	Step 2: Before you can try one of these non-preferred brand drugs:	These preferred select brand drugs do not require use of a generic first:
ACE Inhibitors/Angiotensin II Receptor Antagonists (ARBs)/ Direct Renin Inhibitors/ Combinations <i>High Blood Pressure</i>	amlodipine-benazepril benazepril/benazepril HCTZ captopril/captopril HCTZ enalapril/enalapril HCTZ eprosartan 600 mg fosinopril/fosinopril HCTZ irbesartan/irbesartan HCTZ lisinopril/lisinopril HCTZ losartan/losartan HCTZ moexipril/moexipril HCTZ quinapril/quinapril HCTZ ramipril trandolapril trandolapril-verapamil ext-rel	Edarbyclor	Benicar/Benicar HCT Diovan/Diovan HCT Micardis/Micardis HCT Tekturna/Tekturna HCT
Antihistamines/Combinations <i>Allergies</i>	desloratadine levocetirizine levocetirizine solution	Clarinet-D	<i>Preferred brand not available in class</i>
Bisphosphonates/Combinations <i>Osteoporosis</i>	alendronate ibandronate	Fosamax Plus D	Actonel Atelvia
COX-2 Inhibitors/Nonsteroidal Anti-Inflammatory (NSAIDs)/ Combinations <i>Pain and Inflammation</i>	ibuprofen indomethacin meloxicam naproxen (additional generic NSAIDs available)	Cambia Duexis Nalfon Naprelan CR Voltaren Gel Zipsor	Pennsaid
Fibrates <i>High Triglycerides</i>	fenofibrate fenofibrate micronized gemfibrozil	Antara Fenoglide Lipofen Triglide	Tricor Trilipix
HMG-CoA Reductase Inhibitors (HMGs or Statins)/Combinations <i>High Cholesterol</i>	amlodipine-atorvastatin atorvastatin fluvastatin/fluvastatin ext-rel lovastatin pravastatin simvastatin	Vytorin	Crestor Simcor
Nasal Steroids <i>Allergies</i>	flunisolide nasal fluticasone nasal triamcinolone nasal	Omnaris HFA Qnasl	Nasonex Veramyst

Drug Class <i>Condition Treated*</i>	Step 1: You will have to try one of these generic medications first:	Step 2: Before you can try one of these non-preferred brand drugs:	These preferred select brand drugs do not require use of a generic first:
Proton Pump Inhibitors (PPIs) <i>Stomach Acid</i>	lansoprazole lansoprazole delayed-rel ODT omeprazole omeprazole-sodium bicarbonate pantoprazole	Aciphex Prilosec Packets Protonix Packets Zegerid Powder for Oral Susp	Dexilant Nexium
Selective Serotonin Agonists/Combinations <i>Migraine</i>	naratriptan sumatriptan	Alsuma Axert Frova Relpax	Maxalt Sumavel Zomig
Selective Serotonin Reuptake Inhibitors (SSRIs) <i>Depression</i>	citalopram escitalopram tab fluoxetine fluvoxamine paroxetine/paroxetine ER sertraline	Luvox CR Pexeva Viibryd	<i>Preferred brand not available in class</i>
Sleeping Agents <i>Insomnia/Sleep Problems</i>	zaleplon zolpidem zolpidem ext- rel	Edluar Intermezzo Lunesta Rozerem Zolpimist	<i>Preferred brand not available in class</i>
Urinary Antispasmodics <i>Overactive Bladder/Incontinence</i>	oxybutynin/oxybutynin ext-rel tolterodine trospium	Anturol Myrbetriq	Detrol LA Enablex Gelnique Vesicare

*This list indicates the common uses for which the drug is prescribed. Some medicines are prescribed for more than one condition. Brand-name drugs not listed here may be covered by your plan without the use of a generic first. Information provided here is not a substitute for medical advice or treatment. Discuss this information with your doctor or health care provider. CVS Caremark assumes no liability for the information provided or for any diagnosis or treatment made in reliance thereon, nor is it responsible for the reliability of the content.

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