



By enrolling in one of the Albuquerque Public Schools medical plans, you are automatically covered under the prescription medication program administered through Express Scripts. This program offers you the flexibility to purchase your medications either at a participating pharmacy or through home delivery.

If you need a long-term medication, you may pay less over time by using Express Scripts home delivery pharmacy services. We'll deliver up to a 90-day supply right to you – and **standard shipping is free**. Your doctor can also fax your prescription to Express Scripts at **800.837.0959**. To learn more about your benefits, log in to **Express-Scripts.com** and select "Benefit highlights" from the left-hand menu.

With Express Scripts, you'll have access to:

- **Convenient home delivery services.** You'll be able to have up to a 90-day supply of long-term medication delivered directly to you for one mail-order copayment. Long-term medications are those taken to treat an ongoing condition, such as high blood pressure, high cholesterol, or diabetes.
- **A large network of participating retail pharmacies.** To find a participating pharmacy, visit **Express-Scripts.com**, or call Member Services toll-free at **866.563.9297**.
- **Helpful resources on Express-Scripts.com.** You can order home delivery refills, check order status, compare medication costs, request order forms and envelopes, and access useful health and benefit information.
- **Express Scripts Member Services representatives.** Our representatives are available 24 hours a day, 7 days a week (except Thanksgiving and Christmas), to assist with questions about your benefits or orders.

Medication Types	Copayments/Coinsurance		
	Participating Pharmacy		Home Delivery
	Percent	Min.	Max.
Generic Medication	20%	\$8	\$20
Preferred Brand Formulary Medication	30%	\$25	\$55
Non-Preferred Brand Medication	40%	\$45	\$105
Days Supply:	<i>Up to 34 consecutive days supply</i>		<i>Up to 90 consecutive days supply</i>
If you fill a prescription for a brand-name medication when a generic equivalent is available, you will pay the applicable copayment/ coinsurance, plus the difference in cost between the brand and the generic. The difference in cost will apply toward out-of-pocket maximum.			
Specialty Medications: A maximum of two fills of specialty medications are allowed at a retail pharmacy. Please refer to the next page for details.	\$100 copayment , with \$1,000 calendar year out-of-pocket maximum for a 30-day supply of specialty medications. <i>After reaching the \$1,000 annual maximum</i> , the copayments that apply for the remainder of the plan year are— \$5 for Generics, \$10 for Preferred Brands, and \$24 for Non-Preferred Brands.		
Insulin and diabetic supplies	\$0 copayment		

Out-Of-Pocket: Once you've reached your annual out-of-pocket maximum of \$4,200 employee only/\$6,150 employee + 1 or employee + family coverage, your plan pays 100% of prescription medication expenses for the remainder of the benefit year.

Diabetic Supplies: Insulin, insulin syringes with needles, alcohol swabs, blood testing strips, glucose/ketone testing strips, ketone tablets, lancets, lancet devices and diabetic monitors **require a written prescription** from a doctor to be covered under the prescription plan.

Smoking Cessation: APS is covering these products at a \$0 copayment. Members are able to get up to a 90 day supply in 365 days for most smoking cessation products. The one exception is Chantix where members are allowed up to a 180 day supply in 365 days.

Medications Requiring Coverage Review (Prior Authorization): Express Scripts must review prescriptions for certain medications with your doctor before they can be filled under your plan, since more information than appears on a prescription is necessary. The review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines, and uses that are considered reasonable, safe, and effective. You or your doctor can request a coverage review (prior authorization) by calling Express Scripts at 800.753.2851. If you need to know whether your prescription will require a coverage review (prior authorization), visit Express-Scripts.com or call Member Services at **866.563.9297**.

Quantity Management: To promote safe and effective medication therapy, certain covered medications may have quantity restrictions. These quantity restrictions are based on manufacturer or clinically approved guidelines and are subject to periodic review and change.

Specialty Medications—Get individualized service through Accredo: Specialty medications are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, and rheumatoid arthritis. You are allowed *up to a 30-day supply* of a specialty medication.

After the second fill of a specialty medication at a retail pharmacy, you will pay the entire cost if you use any pharmacy other than Accredo or Express Scripts home delivery pharmacy services.

Accredo, an Express Scripts specialty pharmacy, is composed of therapy-specific teams that provide an enhanced level of individual service to patients with special therapy needs. Counseling, scheduled delivery, and safety checks are just a few of the services that Accredo provides.

You have a \$100 copayment with a \$1,000 out-of-pocket maximum for specialty medications. Once your out-of-pocket is met, please refer to the chart on the front to determine your copayment for generic, preferred, and non-preferred medications. These copayments do not apply at a retail pharmacy if you have purchased your medication there more than two times.

If you are taking one of the following specialty medications, please contact Member Services immediately to make sure that there is no interruption in your therapy—*Letairis*[®], *Promacta*[®], *Revlimid*[®], *Sabril*[®], *Thalomid*[®], *Tysabri*[®], *Xenaxine*[®], *Xiaflex*[®].

Formulary: Albuquerque Public School's prescription-drug plan will use a formulary (or list of medications). The formulary encourages you to use generics. It's one way that Albuquerque Public School is working to make prescription drugs more affordable. If your generic or brand-name medication is on the formulary list, you'll pay the applicable copayment. However if your brand-name medication isn't on the list and you decide to keep taking it, you'll pay more for this medication.

There are a few changes to the formulary effective January 1, 2015. More information is available on the Express Scripts website.

Step Therapy Program: Your plan uses a coverage tool called step therapy, which requires you first to try one or more specified medications to treat a particular condition before your plan will cover another (usually more expensive) medication prescribed by your doctor. Step therapy is intended to reduce costs to you and your plan by encouraging the use of less expensive medications that may effectively treat your condition. If your doctor believes that you should use a certain medication that requires a coverage review, you or your doctor can request such a review. Your doctor can call toll-free 866.611.5948, 6:00 a.m. to 7:00 p.m., Mountain Time, Monday through Friday. To see which medications are affected by step therapy, visit Express-Scripts.com or call Member Services at **866.563.9297**.

Immunization: Certain vaccines are covered at a \$0 copayment under your prescription medication plan when administered by a certified retail pharmacist. These vaccines include DPT, MMR, tetanus/diphtheria, HPV, hepatitis A and B, shingles, meningococcal, varicella (chicken pox), influenza (flu), and pneumonia. To locate a certified pharmacist, please call Member Services at **866.563.9297**.

Breast Cancer Prevention: Tamoxifen and Raloxifene are medications used to treat breast cancer and are also used for breast cancer prevention. For breast cancer prevention there is a \$0 copayment for Tamoxifen or Raloxifene for women 35 years or older without prior diagnosis of breast cancer, ductal or lobular carcinoma in situ (DCIS; LCIS), who are at increased risk for breast cancer and at low risk for adverse drug effects. To receive these medications for \$0 copay, your physician must contact Express Scripts at **888.327.9791** to request a physician copayment review.