



By enrolling in one of the Albuquerque Public Schools medical plans, you are automatically covered under the prescription medication program administered through Express Scripts by Evernorth®. This program offers benefits through participating retail pharmacies and home delivery from Express Scripts Pharmacy by Evernorth® and Accredo, an Evernorth specialty pharmacy.

If you need a long-term medication, you are allowed two fills at an in-network retail pharmacy before you must move your prescription to either Express Scripts Pharmacy or a Walgreens retail pharmacy for a 3-month supply. To locate a Walgreens pharmacy that participates in filling a 3-month supply, log in at express-scripts.com and select "Find a Pharmacy" from the top menu under "Prescriptions." Express Scripts Pharmacy will deliver a 3-month supply right to you – and **standard shipping is free**. Your doctor can send your prescription to Express Scripts Pharmacy through your electronic medical record (EMR). If faxing instructions are needed, your doctor may call **888.327.9791**. If your doctor has already given you a written prescription, print and complete the Home Delivery Order Form, which is found by selecting "Forms" under the "Benefits" menu at express-scripts.com.

To learn more about your benefits, log in at **express-scripts.com**.

With Express Scripts, you'll have access to:

Convenient home delivery services. You'll be able to have up to a 3-month supply of long-term medication delivered directly to you for one home delivery copay. 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 and through the Express Scripts® mobile app. 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. 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		Copays/Coinsurance		
		Participating Retail Pharmacy		Home Delivery & Walgreens
Generic Medication	<u>Percent</u> 20%	<u>Min.</u> N/A	<u>Max.</u> \$10	\$20
Preferred Brand Formulary Medication	30%	\$50	\$100	\$150
Nonpreferred Brand Medication	40%	\$100	\$175	\$300
Days' Supply:	Up to 1-month supply			Up to 3-month supply
If you fill a prescription for a brand-name medication when a generic equivalent is available, you will pay the applicable copay/coinsurance, plus the difference in cost between the brand and the generic.				
The difference in cost will apply toward the out-of-pocket maximum.				
Insulin and diabetic supplies	\$0 copay			

<p>Specialty Medications: All specialty medications must be filled through Accredo. Exceptions may apply for medications requiring an immediate fill.</p> <p>APS has partnered with SaveOn SP, LLC (SaveOnSP) to provide a specialty pharmacy copay assistance program, SaveOnSP Select. A select group of specialty medications in 20 therapy classes are part of the SaveOnSP Select program. See more information on the third page of this Summary of Benefits.</p> <p>Select chronic specialty medications are reviewed individually where up to a 3-month supply may be dispensed for those members showing therapy stabilization. If it is determined that it is appropriate for you to receive greater than a 1-month supply of your specialty medication, your copay will be based on the quantity of medication ordered.</p>	<p>Specialty medications must be filled through Accredo. You will pay the entire cost of the prescription if you use any pharmacy other than Accredo.</p>	<p>Copays or coinsurance for specialty medications filled through Accredo (1-month supply):</p> <p>\$100 for generic specialty medications \$125 for preferred brand specialty medications \$200 for nonpreferred brand specialty medications</p> <p>The select group of specialty medications that fall under the SaveOnSP Select program have a coinsurance of 30%.</p> <p>APS members who qualify for and enroll in the SaveOnSP Select program will have their select specialty medications covered at 100% (no cost to the enrolled member).</p> <p>APS members who qualify for, but decline to sign up with, the SaveOnSP Select program will pay the prescription medication coinsurance amount stated on the SaveOnSP program medication list, which can be found at www.saveonsp.com/aps.</p>
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Out-Of-Pocket: Once you've reached your annual out-of-pocket maximum of \$3,000 employee only/\$4,000 employee + 1 or employee + family coverage, your plan pays 100% of prescription medication expenses for the remainder of the benefit year. (The out-of-pocket maximum applies to total retail, home delivery and specialty medications. There is no separate out-of-pocket maximum for specialty medications.) Any copay/coinsurance paid for specialty medications (either paid by you or by the manufacturer copay assistance program) will apply to your out-of-pocket maximum.

Rebates: As required by New Mexico legislation in 2024, any rebate applicable to your medication will be applied at the point of sale to reduce your cost-share. This reduction may result in \$0 cost-share to you for that particular medication.

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 copay.

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. 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. Your doctor also has the ability to quickly submit prior authorization requests electronically using an online portal such as CoverMyMeds, Surescripts, or ExpressPAth. If you need to know whether your prescription will require a coverage review (prior authorization), visit **express-scripts.com** and select "Price a Medication" from the top menu under "Prescriptions" to search for a specific medication and view coverage notes, 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.

Opioid (pain medication) Management: APS is committed to offering you high-quality, affordable healthcare. In support of this goal, we're working in partnership with Express Scripts to limit the potential risks associated with prescription opioids. Opioids can be very effective for managing pain but are also very powerful. They can also cause a number of side effects and, in some patients, can lead to dependency.

A service through Express Scripts is designed to help make good decisions about taking opioid medications. APS members who are prescribed an opioid medication will be contacted by Express Scripts by mail or phone to offer assistance and tips that we hope will help maintain healthy habits in taking medication as prescribed. Steps have also been put in place to ensure patients are receiving the appropriate opioid prescription. Please visit express-scripts.com or call Member Services at 866.563.9297 to help answer questions related to medication coverage and pricing.

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. Your specialty prescription benefit lets Accredo dispense medications in a 1-month to 3-month supply, allowing the ability for customized dosing as appropriate for certain therapies.

Specialty medications must be filled through Accredo. **You will pay the entire cost if you use any pharmacy other than Accredo.** Exceptions may apply for medications requiring an immediate fill. Accredo, an Evernorth 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. Accredo pharmacists review each medication individually and assign a days' supply based on the medication's clinical attributes and utilization patterns. A process called "titration dispensing" allows a patient new to therapy the ability to stabilize on a medication with initial 1-month supply fills; then, after the patient demonstrates stabilization, a 3-month supply may be dispensed.

Your plan includes a copay assistance benefit administered by SaveOnSP, LLC (SaveOnSP). Under the SaveOnSP Select copay assistance benefit, certain specialty prescription medications on the Formulary have been classified as non-essential health benefits (NEHBs). A NEHB classification does not mean these medications are not important to you; this is a classification under the Affordable Care Act. A list of these specialty prescription medications and the applicable coinsurance can be accessed at www.saveonsp.com/aps. This list will change from time to time. If your physician prescribes you one of these NEHB medications, SaveOnSP will contact you to explain the program and assist with enrollment in the copay assistance benefit. (If SaveOnSP Select does not reach out to you and you are aware that your prescribed medication is on the SaveOnSP Select list, please contact the SaveOnSP Select program at 800.683.1074.) The specialty medications that are part of the SaveOnSP Select program must be filled through Accredo.

Once you enroll in the available manufacturer copay assistance program and provide SaveOnSP Select with consent to monitor your pharmacy account, your cost will be \$0. In the event you fail to enroll in the applicable manufacturer copay assistance program, and/or you do not provide consent to SaveOnSP Select to monitor your pharmacy account, you will be responsible for the full required coinsurance for the NEHB medications. Any coinsurance paid for these medications (either paid by you or by the manufacturer copay assistance program) will apply to your out-of-pocket maximum.

For APS members who qualify for and enroll in the SaveOnSP Select program, there will be no cost to the member for this select group of specialty medications. APS members who qualify for, but decline to sign up for, the SaveOnSP Select program will pay the prescription plan coinsurance amount stated on the SaveOnSP Select program medication list, which will represent a significant cost to you. You are encouraged to enroll if you or a family member qualifies for the SaveOnSP Select program.

Please refer to the chart above to determine your copay for generic, preferred and nonpreferred specialty medications, and for important information about the select group of specialty medication that are part of the SaveOnSP Select copay assistance program. Copays for specialty medications do not apply at a retail pharmacy; specialty medications must be filled through Accredo. Specialty medications apply to the annual out-of-pocket maximum. See more information on the second page of this Summary of Benefits under "Out-of-Pocket."

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*®, *Sabri*®, *Thalomid*®, *Tysabri*®, *Xenaxine*®, *Xiaflex*®.

Formulary: Albuquerque Public Schools' prescription plan will use a formulary (or list of medications). The formulary encourages you to use generics. It's one way that Albuquerque Public Schools is working to make prescription medications more affordable. If your generic or brand-name medication is on the formulary list, you'll pay the applicable copay. 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, 2025. Learn more on the Express Scripts website for APS members at www.express-scripts.com/APSNM.

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 by calling Express Scripts at 800.753.2851. To see which medications are affected by step therapy, visit express-scripts.com and select "Price a Medication" from the top menu under "Prescriptions" to search for a specific medication and view coverage notes, or call Member Services at **866.563.9297**.

Immunization: Certain vaccines are covered at a \$0 copay under your prescription medication plan when administered by a certified retail pharmacist. These vaccines include COVID-19, 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 copay 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 medication effects. To receive these medications for \$0 copay, your physician must contact Express Scripts at **888.327.9791** to request a physician copay review.

Contraceptive Coverage: The Patient Protection and Affordable Care Act (PPACA) preventive items and services mandate includes coverage requirements concerning contraceptive agents for persons less than 51 years of age. All contraceptive agents (which include all required methods of contraception) are included for \$0 cost share, including generic legend and over-the-counter preparations. Coverage is also available for branded medications as requested by a physician. Contraceptive medications may be filled for up to a 6-month supply.

Cardiovascular Disease (CVD) Prevention: As recommended by the United States Preventive Services Task Force (USPSTF), adults 40 to 75 years old without a history of CVD should use a low to moderate dose statin for the prevention of cardiovascular events when:

- They have one or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking), and
- A calculated 10-year CVD event risk of 10% or greater

For CVD prevention, there is a \$0 copay on low/moderate dose generic medications (i.e., atorvastatin 10-20 mg, rosuvastatin 5-10 mg, simvastatin 5-40 mg). Copay review is available for patients who do not have a risk factor medication in their medication claims history.

Accredo Health Group, Inc., is an Express Scripts specialty pharmacy.

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