



## City of Brownsville

# Plan E Prescription Drug Plan

Effective October 1, 2020

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This benefit schedule is made a part of the Plan for the purchase of outpatient prescription drugs. **All charges for outpatient prescription drugs are covered under this benefit and are not considered eligible expenses unless purchased through this program.**

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## Over the Counter/Behind the Counter Benefit

This Plan covers these non-prescription drugs for a \$0.00 copay, when purchased at the pharmacy counter with a physician's prescription: Non-Sedating Antihistamines (e.g., Claritin and Alavert); Smoking Deterrents (e.g., Chantix, Nicorette, Nicotine Patch or Lozenges) limit of six (6) boxes per calendar year; Stomach and Ulcer (i.e.: Prevacid and Prilosec); Aspirin; Folic Acid; Iron Deficiency Supplements; Fluoride Chemoprevention Supplements; and Vitamin D supplementation to prevent falls in community-dwelling adults age sixty-five (65) years and older who are at an increased risk for falls.

## SpecialtyRx/Biotech Drugs

The Plan offers an injectable drug benefit called SpecialtyRx/Biotech drug program. This benefit is accessed through Lumicera. This service provides the Plan and Covered Individual a convenient and cost-effective way to order injectable drugs and supplies through Lumicera's SpecialtyRx/Biotech drug program. Contact Lumicera at (855) 847-3553 (Members) or (855) 847-3554 (Doctor/ Prescription Prescribers) to access these medications.

For Prior Authorization of **Oral Chemotherapy/Oncology-related** SpecialtyRx/Biotech drugs, contact Lumicera at (855) 847-3554 (Doctor/Prescription Prescribers Only).

## Prior Authorization Requirements

Prior authorization from Navitus will be required on the following prescriptions:

- › Growth Hormones
- › Botox
- › Attention Deficit Disorder/Narcolepsy medications for individuals seventeen (17) years of age or older
- › Compound Medications in excess of \$200
- › Hepatitis C drugs: ledipasvir-sofosbuvir (generic alternative of Harvoni), sofosbuvir-velpatasvir (generic alternative of Epclusa)

For Prior Authorization, please have your doctor call Navitus at (855) 673-6504. Your doctor will be asked a series of questions and will then be immediately approved or denied.

For Prior Authorization of **Chemotherapy/Oncology-related** SpecialtyRx/Biotech drugs, contact Lumicera at (855) 847-3554 (Doctor/Prescription Prescribers Only).

## Identification Cards

Each covered employee will be issued an ID card. You must present your ID card to the pharmacist at the time of purchase.

**If a covered person does not have the ID card at the time of purchase these steps must be followed:**

1. Pay for the entire cost of the prescription.
2. Obtain and complete a direct prescription drug claim form. These are available on the Navitus website or from TML Health.
3. Send the drug claim form with the prescription receipt directly to Navitus.

Navitus will pay the appropriate amount, less the copayment and Maximum Allowable Cost differential (if applicable), directly to the Covered Person usually within thirty (30) days.

## Covered Individual Copayments/Financial Responsibility

### Preferred Retail Pharmacies\*

<b>Benefit</b>	<b>1-30 Days Supply</b>	<b>31-60 Days Supply</b>	<b>61-90 Days Supply</b>
Generic medications	\$5	\$10	\$15
Preferred/Formulary branded medications	\$20	\$40	\$60
Non-Preferred branded medications	\$40	\$80	\$120

\* The Preferred Network of Pharmacies includes HEB and Walmart (not Sam's Club)

### National/Broad Network Retail Pharmacies

<b>Benefit</b>	<b>1-30 Days Supply</b>	<b>31-60 Days Supply</b>	<b>61-90 Days Supply</b>
Generic medications	\$10	\$20	\$30
Preferred/Formulary branded medications	\$30	\$60	\$90
Non-Preferred branded medications	\$40	\$80	\$120

### Disease Management Drugs (Diabetes, Hypertension, and High Cholesterol)\*

<b>Benefit</b>	<b>1-30 Days Supply**</b>	<b>31-60 Days Supply</b>	<b>61-90 Days Supply</b>
Generic medications	\$0	\$5	\$10
Preferred/Formulary branded medications	\$20	\$40	\$60
Non-Preferred branded medications	\$40	\$80	\$120

\* Not all medications for diabetes, hypertension, and high cholesterol qualify (e.g., Cost Share prescription copays and medication exclusions). Refer to the Prescription Drug Plan Guide for the value-based prescription list). The Qualified High Deductible Plans Wellness drug list will override the value-tiered list.

\*\* Disease Management Benefit Copays are applicable at the preferred, national/broad network.

### Prescription Mail Service

<b>Benefit</b>	<b>31-90 Days Supply</b>
Generic medications	\$15
Preferred/Formulary branded Medications	\$60
Non-Preferred branded Medications	\$120

Take advantage of home delivery by online registration: Visit [navitus.com](http://navitus.com): register and follow the simple step-by-step instructions. You can manage your medication online, including filing new prescriptions and transferring other prescriptions to home delivery. You can also set up text message reminders to help manage your medication schedule. Be sure to have your Prescription and Medical ID card and medication bottles on hand to have the required information.

## Retail/Mail Order Cost Share Prescriptions\*

<b>Benefit</b>	<b>1-30 Days Supply</b>	<b>31-60 Days Supply</b>	<b>61-90 Days Supply</b>
Branded or generic Cost Share prescription copays (regardless of pharmacy or pharmacy network)	\$50	\$100	\$150

\* Cost Share prescription copays are certain branded and generic medications for which there are lower cost therapeutic alternative medications. These therapeutic alternatives should provide equal or similar medication therapy for you when properly dosed. Cost Share prescription copays are identified in the Cost Share Prescription Copays section of this guide. Cost Share prescriptions are excluded from the Select Prescription Drug Plan.

## Lumicera Specialty Pharmacy

<b>Benefit</b>	<b>1-30 Days Supply</b>	<b>31-60 Days Supply**</b>	<b>61-90 Days Supply**</b>
Specialty medications*	\$50	N/A	N/A
Biosimilar and generic specialty medications	\$50	N/A	N/A

\* Specialty medications are typically medications requiring special storage, handling, administration, and patient monitoring; or are taken for complex or rare patient conditions. Some specialty medications are sometimes biotechnology medications.

\*\* Specialty medications are limited to no more than a thirty (30)-day supply of the medication per prescription fill.

# Disease Management Drugs (Diabetes, Hypertension, and High Cholesterol)

## Diabetes (Value Based Generic Copay)

- glimepiride
- glipizide
- glyburide
- glyburide/metformin
- metformin
- metformin ER (generic Glucophage XR only)
- pioglitazone

## Insulin (Value Based Brand Copay)

- Humulin - vials only
- Humalog - vials only
- Lantus - vials only

## High Blood Pressure (Value Based Generic Copay)

- amlodipine
- atenolol
- benazepril
- benazepril/hctz
- carvedilol
- clonidine
- diltiazem ER
- doxazosin
- furosemide
- hydrochlorothiazide (hctz)
- lisinopril
- lisinopril/hctz
- metoprolol
- propranolol
- verapamil
- verapamil ER/SR

## High Cholesterol (Value Based Generic Copay)

- atorvastatin
- lovastatin
- simvastatin

# Cost Share Prescription Copays

We will impose a higher copayment for drugs for which there is no clinical evidence to show that non-preferred Cost Share prescriptions perform any better than therapeutic doses of less costly preferred "Alternative Drugs".

Drugs on the Cost Share list may also be on the Navitus formulary. Always check the Cost Share Prescriptions section of the Prescription Drug Plan booklet first. The Cost Share copay will apply to the drug regardless of where it is located on the Navitus formulary.

Drugs starting with an Upper-case letter or that have the ® symbol are brand-name drugs. Drugs starting with a lower-case letter are generic drugs.

## Analgesics/Anti-Inflammatory/Pain Agents

Impacts utilization on: Duragesic®, Lazanda®, Subsys®

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**Alternative Drugs:** fentanyl patch, fentanyl lozenge

Impacts utilization on: Anaprox®, Arthrotec®, Celebrex®, celecoxib, Daypro®, diclofenac/misoprostol combination, Feldene®, indomethacin ER, Ketoprofen ER®, Meclofen Sod®, mefenamic acid, Mobic®, Naprelan®, naproxen sodium 550mg, Naproxen CR®, oxaprozin, piroxicam, Ponstel®, Tivorbex®, Vivlodex®, Zipsor®, Zorvolex®

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**Alternative Drugs:** diclofenac, ibuprofen, meloxicam, naproxen

Impacts utilization on: Allzital®, Bupap®, butalbital/acetaminophen tablet, butalbital/acetaminophen/caffeine capsule, Esgic® tablet, Fioricet®, Fiorinal®, Tencon®, Vanatol LQ® Solution

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**Alternative Drugs:** anolor, butalbital/acetaminophen 50-325mg tablet (for Bupap® and Allzital®), butalbital/acetaminophen/caffeine tablet, butalbital/aspirin/caffeine tablet (for Fiorinal®), capacet, esgic capsule, marten tablet, zebutal

Impacts utilization on: Conzip®, tramadol ER, Ultracet®, Ultram®, Ultram ER®

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**Alternative Drug:** tramadol, tramadol/acetaminophen

## Antibiotics/Anti-Infective Agents

Impacts utilization on: Acticlate®, Adoxa®, Amoxicillin® (brand only), Doryx®, doxycycline monohydrate capsules (except 50 and 100mg), doxycycline monohydrate tablets 150mg, doxycycline hyclate, doxycycline hyclate DR, Minocin®, minocycline tablets, minocycline ER, Minolira®, Monodox®, Moxatag®, Oracea®, Solodyn®, Targadox®, Vibramycin®, Xepi® cream, Ximino ER®

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**Alternative Drugs:** amoxicillin, doxycycline, doxycycline monohydrate capsules 50 or 100mg, doxycycline monohydrate tablets (except 150mg), minocycline capsules, mupirocin ointment

## Anticonvulsants

Impacts utilization on: Sympazan® oral film

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**Alternative Drugs:** clobazam

## Antidepressants/Fibromyalgia

Impacts utilization on: Aplenzin tab

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**Alternative Drugs:** bupropion, citalopram, duloxetine, escitalopram, fluoxetine, paroxetine, sertraline, venlafaxine, venlafaxine ER (capsules only)

## Antihypertensive Agents

Impacts utilization on: amlodipine/olmesartan, amlodipine/olmesartan/HCTZ, amlodipine/valsartan, amlodipine/valsartan/HCTZ, Atacand<sup>®</sup>, Atacand HCT<sup>®</sup>, Avalide<sup>®</sup>, Avapro<sup>®</sup>, Azor<sup>®</sup>, Benicar<sup>®</sup>, Benicar HCT<sup>®</sup>, Coreg CR<sup>®</sup>, Cozaar<sup>®</sup>, Diovan<sup>®</sup>, Diovan HCT<sup>®</sup>, Edarbi<sup>®</sup>, Edarbyclor<sup>®</sup>, Eprosartan<sup>®</sup>, Exforge<sup>®</sup>, Exforge HCT<sup>®</sup>, Hyzaar<sup>®</sup>, Inderal LA, Inderal XL, InnoPran XL<sup>®</sup>, Micardis<sup>®</sup>, Micardis HCT<sup>®</sup>, olmesartan, olmesartan HCTZ, Tekturna<sup>®</sup>, Tekturna HCT<sup>®</sup>, telmisartan/amlodipine, Tribenzor<sup>®</sup>, Twynsta<sup>®</sup>

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**Alternative Drugs:** Any generic ACE Inhibitor; Generic ARB Agents: candesartan, candesartan HCTZ, losartan, losartan/HCTZ, Irbesartan, irbesartan/HCTZ, telmisartan, telmisartan HCTZ, valsartan, valsartan/HCTZ; Generic Beta Blocker Agents: carvedilol for Coreg CR; propranolol IR/ER for Inderal LA/XL and InnoPran XL

## Central Nervous System: Sedative Hypnotics

Impacts utilization on: Ambien<sup>®</sup>, Ambien CR<sup>®</sup>, Belsomra<sup>®</sup>, Edluar<sup>®</sup>, Intermezzo<sup>®</sup>, Lunesta<sup>®</sup>, Rozerem<sup>®</sup>, Silenor<sup>®</sup>, Sonata<sup>®</sup>, zolpidem ER<sup>®</sup>, zolpidem sublingual, Zolpimist<sup>®</sup>

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**Alternative Drugs:** doxepin, zaleplon, zolpidem immediate release

## Lipid-Lowering Agents (Statins)

Impacts utilization on: Altoprev<sup>®</sup>, amlodipine/atorvastatin combination, Caduet<sup>®</sup>, Crestor<sup>®</sup>, ezetimibe, ezetimibe-simvastatin, Lescol<sup>®</sup>, Lescol XL<sup>®</sup>, Lipitor<sup>®</sup>, Livalo<sup>®</sup>, Mevacor<sup>®</sup>, Pravachol<sup>®</sup>, Vytorin<sup>®</sup>, Zetia<sup>®</sup>, Zocor<sup>®</sup>

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**Alternative Drugs:** atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin

## Migraine Headaches

Impacts utilization on: almotriptan, Amerge<sup>®</sup>, Axert<sup>®</sup>, Frova<sup>®</sup>, frovatriptan, eletriptan, Imitrex<sup>®</sup> (brand), Imitrex<sup>®</sup> Spray, Maxalt<sup>®</sup>, Maxalt-MLT<sup>®</sup>, naratriptan, Onzetra XSAI<sup>®</sup>, Relpax<sup>®</sup>, sumatriptan spray, sumatriptan/naproxen, Sumavel<sup>®</sup>, Treximet<sup>®</sup>, Zembrace, zolmitriptan, Zomig<sup>®</sup>, Zomig<sup>®</sup> nasal spray, Zomig ZMT<sup>®</sup>

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**Alternative Drugs:** rizatriptan, sumatriptan

## Osteoporosis Drugs

Impacts utilization on: Actonel<sup>®</sup>, Alendronate<sup>®</sup> (brand), Atelvia<sup>®</sup>, Binosto<sup>®</sup>, Boniva<sup>®</sup>, Fosamax<sup>®</sup>, Fosamax-D<sup>®</sup>, ibandronate, risedronate

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**Alternative Drug:** alendronate

## Overactive Bladder Drugs

Impacts utilization on: darifenacin, Detrol<sup>®</sup>, Detrol LA<sup>®</sup>, Ditropan XL<sup>®</sup>, Enablex<sup>®</sup>, Gelnique<sup>®</sup>, Myrbetriq<sup>®</sup>, oxybutynin ER<sup>®</sup>, Oxytrol<sup>®</sup> patches, tolterodine, tolterodine ER, Toviaz<sup>®</sup>, trospium CL, trospium CL ER, Vesicare<sup>®</sup>

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**Alternative Drug:** Generic: oxybutynin immediate release

## Skeletal Muscle Relaxants

Impacts utilization on: Amrix<sup>®</sup>, carisoprodol 250mg tablet, Chlorzoxazone<sup>®</sup>, Fexmid<sup>®</sup>, Lorzone<sup>®</sup>, metaxalone, Parafon Forte<sup>®</sup>, Robaxin<sup>®</sup>, Skelaxin<sup>®</sup>, Soma<sup>®</sup>, Tabradol<sup>®</sup>, tizanidine (capsules only), Zanaflex<sup>®</sup>

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**Alternative Drugs:** Generic: carisoprodol (except 250mg tablet), chlorzoxazone, cyclobenzaprine, methocarbamol, tizanidine tablets

Drugs Covered Under This Benefit	Drugs Not Covered Under This Benefit
<ol style="list-style-type: none"> <li>1. Legend Drugs;</li> <li>2. Insulin;</li> <li>3. Disposable insulin needles/syringes and physician prescribed needles/syringes;</li> <li>4. Disposable blood/urine/glucose/acetone testing agents (e.g. Acetest Tablets, Clinitest Tablets, Glucometer, Lancets, Diastix Strips, Tes-Tape and chemstrips - Diabetic monitors are also covered, limit one (1) per calendar year);</li> <li>5. Diabetic supplies will be purchased with order for oral diabetic prescription. The plan will allow needles, syringes, lancets and testing strips at no charge if ordered within thirty (30) days of a prescription at the same pharmacy;</li> <li>6. Tretinoin topic dosage forms (e.g. Retin-A, Differin, Tazorac) for Individuals through the age of thirty-four (34) years;</li> <li>7. Compound medication of which at least one Ingredient is a legend drug;</li> <li>8. Any other drug which under the applicable State Law may only be dispensed upon the written prescription of a physician or other lawful prescriber;</li> <li>9. Oral legend (generic at no cost share) and the following at no cost share: Injectable contraceptives (e.g., Depo Provera), Diaphragms, IUDs, Female Condoms, Spermicides, Sponges, Vaginal Rings, and Transdermal Patches;</li> <li>10. Implantable Contraceptives (e.g., Levonorgestrel (Nexplanon)) at no cost share;</li> <li>11. Central Nervous Stimulants (e.g. Adderal, Ritalin, Dexidrine, etc.) will be covered through age sixteen (16);</li> <li>12. Central Nervous Stimulants (e.g. Adderal, Ritalin, Dexidrine, etc.) will be covered for covered individuals age seventeen (17) and older with approved prior authorization through Navitus;</li> <li>13. Prescription Vitamins oral dosage forms, Prescription Pre-natal vitamins and Hematinics non-injectable forms;</li> <li>14. Testosterone for hormone replacement only;</li> <li>15. Growth hormones with approved prior authorization through Navitus; and</li> <li>16. Immunizations.</li> </ol>	<ol style="list-style-type: none"> <li>1. Dietary Supplements or formulas;</li> <li>2. Biological sera blood or blood plasma;</li> <li>3. Male pattern baldness medications;</li> <li>4. Prescription smoking deterrent medications containing nicotine or any other prescription smoking cessation aids, all dosage forms;</li> <li>5. Insulin pumps and supplies (e.g., tubing and electrical wiring);</li> <li>6. Tretinoin, oral dosage forms all ages and topical forms (e.g. Retin-A, Differin, Tazorac) for individuals thirty-five (35) years of age or older; Cosmetic agents including anti-wrinkle and skin depigmenting agents;</li> <li>7. Therapeutic devices or appliances, including support garments and other non-medicinal substances, regardless of intended use;</li> <li>8. Charges for the administration of injection of any drug;</li> <li>9. Drugs labeled “Caution - limited by Federal Law to investigational use” or experimental drugs even though a charge is made to the individual;</li> <li>10. Medications which are 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 premises which operates on its premises or allows to be operated on its premises, a facility for dispensing pharmaceuticals;</li> <li>11. Fertility medications;</li> <li>12. Sexual Stimulants, lifestyle drugs, and Erectile dysfunction prescriptions;</li> <li>13. Prescription fluoride products;</li> <li>14. Any prescription refilled in excess of the number specified by the physician or any refill dispensed after one year from the physician’s original order;</li> <li>15. Prescription which an eligible person is entitled to receive without charges from any Workers’ Compensation Laws;</li> <li>16. Anti-obesity medications; and</li> <li>17. Non-legend drugs other than those listed above.</li> </ol>