



OUTPATIENT PRESCRIPTION DRUG BENEFIT

Combined Pharmacy and Medical Annual Maximum see Benefit Grid

BENEFIT COPAYMENTS-

Please note that Quantity Limits or Prior Authorization may apply. Refer to your prescription drug formulary guide for additional information. If the cost of the prescription is less than the applicable copay, you will only be charged the cost of the prescription.

RETAIL PHARMACY- Up to a 30-day supply for each prescription. A select list of prescription drugs may be eligible for up to a 60-day supply through the tablet-splitting program. (Refer to your prescription drug formulary guide.)

Tier 1-Preferred Generic Drugs \$10

**Some preferred generic drugs have a \$0 copay*

Tier 2-Preferred Brand Drugs \$35

Tier 3-Non-Preferred Brand or Generic Drugs \$60

20% Coinsurance-Diabetic, Ostomy, and Urologic Supplies

MAIL ORDER PHARMACY- Up to a 90-day supply for each prescription. Certain prescriptions, including specialty pharmacy drugs, are not eligible for mail order copays. Refer to your formulary guide for additional information.

Tier 1-Preferred Generic Drugs \$10

**Some preferred generic drugs have a \$0 copay*

Tier 2-Preferred Brand Drugs \$35

Tier 3-Non-Preferred Brand or Generic Drugs \$60

20% Coinsurance-Diabetic, Ostomy, and Urologic Supplies

SPECIALTY PHARMACY- Up to a 30 day supply for each prescription. Refer to your formulary guide for a list of medications covered under the Specialty Pharmacy Program. Specialty Pharmacy Drugs can be obtained from a contracted Specialty Pharmacy Provider.

Tier 4-Specialty Pharmacy Drugs \$60

COVERED DRUGS & DEVICES

- Compound Drugs-at least one ingredient must be a legend drug
- Drugs given or administered in a physician's office or facility that are not otherwise excluded
- Drugs used for chemical dependency/alcohol treatment
- Immunizations (no copay, deductible or coinsurance applies to childhood immunizations from birth-age 21)
- Immunosuppressive Drugs
- Injectable/Infused Drugs, including insulin, epinephrine and glucagons
- Legend Drugs-drugs that require a prescription under federal/state laws
- Smoking Cessation Drugs-limited to \$500 per member per calendar year

EXCLUDED DRUGS & DEVICES

- Anti-fungal drugs used for nail fungus
- Contraceptive implants, IUDs, diaphragms, contraceptive devices, contraceptive kits, emergency contraception
- Convenience or unit dose packaging
- Diabetic supplies other than Bayer or Roche products
- Drugs and their equivalents that may be purchased without a prescription; for example, over-the-counter medications are not covered
- Drugs obtained at non-contracted pharmacy
- Drugs that are not listed on CommunityCare's prescription drug formulary; non-formulary drugs
- Drugs used for cosmetic purposes or hair growth
- Drugs used for weight management, including anorexians and bodybuilding drugs
- Fertility drugs
- Human Growth Hormones and other drugs used to stimulate growth
- Investigational/Experimental drugs or used for non-FDA approved indications, including new drug therapies that have not been added to CommunityCare's prescription drug formulary
- Lost, damaged or stolen prescriptions
- Prescriptions reimbursable under Workers' Compensation or any other government program, or with respect to which the member has no obligation to pay in the absence of insurance
- Prescriptions written by non-contracted providers (except for POS/PPO option benefits)

LIMITATIONS: This list is representative and may not be all-inclusive. Changes may be made to this list as determined by the Pharmacy & Therapeutics Committee.

Quantity Limit

Actiq (limited to 4 doses per day)	Liquid cough/cold medications (limited to 4 oz. per prescription.)
Altabax (30 gm per 30 days)	Lumigan (limited to 2.5 ml per 30 days)
Amerge (limited to 9 tablets per 30 days)	Marinol (2.5mg & 10 mg limited to 60 capsules per prescription; 5 mg limited to 50 capsules per prescription)
Amlodipine (limited to 1 tablet per day)	Maxalt/Maxalt MLT (limited to 9 tablets per 30 days)
Anzemet (limited to 12 tablets per 30 days)	Migranal nasal spray (limited to 1 package per 30-day supply)
Astelin nasal spray (limited to 2 bottles per 30 days)	Narcotic Analgesics, i.e. Darvocet, Lortab, Percocet, Vicodin (dosing limits apply)
Astepro nasal spray (limited to 2 bottles per 30 days)	Norvasc (limited to 1 tablet per day)
Avelox (limited to 21 tablets per prescription)	Nuvigil (limited to 1 tablet per day)
Avelox ABC (limited to one pack per prescription)	Omnaris (limited to 2 bottles per 30 days)
Axert (limited to 9 tablets per 30 days)	Ondansetron (limited to 12 tablets or 100 ml per 30 days)
Azithromycin (limited to 5 days of therapy/prescription)	Onsolis (limited to 4 per day)
Butorphanol nasal spray (limited to 2 bottles per 30 days)	Oral Impotence medications, i.e., Cialis, Levitra, Viagra (limited to 4 tablets per 30-day supply)
Brovana (limited to 60 nebs per 30 days)	Other Impotence medications, i.e., Caverject, Edex, Muse (limited to 6 per 30-day supply)
Celebrex (200 mg limited to 1 capsule per day)	Oxycontin (limited to 4 tablets per day)
Cesamet (limited to 40 capsules per prescription)	Perforomist (limited to 60 nebs per 30 days)
Cipro (limited to 28 tablets per prescription)	Promethazine syrup (limited to 120 ml per prescription)
Cipro XR (limited to 14 tablets per prescription)	Proquin XR (limited to 14 tablets per prescription)
Ciprofloxacin (limited to 28 tablets per prescription)	Provigil (limited to 1 tablet per day)
Combunox (limited to 28 tablets per 30 days)	Relpax (limited to 9 tablets per 30 days)
Concerta (limited to 1 tablet per day)	Revatio (limited to 3 tablets per day)
Crestor (40mg) (limited to 1 tablet per day)	Sancuso (limited to 2 patches per 30 days)
Daytrana (limited to 1 patch per day)	Singulair (limited to 1 tablet per day)
Duragesic, fentanyl patches (15 patches per 30 days)	Spiriva (limited to 2 inhalers per 30 days)
Emend (limited to 3 capsules per prescription; 40 mg limited to 1 capsule per prescription)	Sumavel (limited to 8 single injections per 30 days)
Epipen (limited to 2 kits per 90 days)	Tamiflu (limited to 10 capsules or 75 ml per prescription)
Factive (limited to 7 tablets per prescription)	Toradol (limited to 20 tablets per 30 days)
Femring (limited to 1 ring per 90 days)	Tramadol/APAP (limited to 240 tablets per 30-day supply)
Fentanyl lollipops (limited to 4 doses per day)	Travatan/Travatan Z (limited to 2.5 ml per 30 days)
Fentora (limited to 4 doses per day)	Treximet (limited to 9 tablets per 30 days)
Frova (limited to 9 tablets per 30 days)	Ultracet (limited to 240 tablets per 30 days)
Glucagon (limited to 2 kits per 90 days)	Ultram (limited to 240 tablets per 30 days)
Hypnotics, i.e., Ambien Ambien CR, Edular, Lunesta, Rozerem, Sonata, Zolpidem (limited to 1 tablet per day)	Ultram ER (limited to 1 tablet per day)
Imitrex (limited to 9 tablets, 8 single injections, 1 box of 6 nasal spray per 30 days)	Veramyst (limited to 2 inhalers per 30 days)
Inhalers (limited to 2 inhalers per 30 days; Advair, Advair HFA, Foradil, Serevent, Symbicort limited to 1 per 30 days)	Xalatan (limited to 2.5 ml per 30 days)
Insulin (limited to 3 vials per 30 days)	Zithromax (limited to 5 days of therapy per prescription)
Januvia (limited to 1 tablet per day)	Zofran (limited to 12 tablets or 100 ml per 30 days)
Ketek (limited to 20 tablets per prescription)	Zomig/Zomig ZMT (limited to 9 tablets or 1 box of nasal spray per 30 days)
Ketorolac (limited to 20 tablets per 30-day supply)	
Kytril (limited to 12 tablets or 60 ml per 30 days)	
Levaquin (limited to 14 days of therapy per prescription)	

Requires Prior Authorization

All Specialty Drugs (see formulary booklet for a list)
Exjade
Gleevec
Nexavar
Revlimid
Sprycel
Sutent
Tarceva

Please consult your pharmacy directory for a list of participating pharmacies in Oklahoma. To find a participating pharmacy outside the state of Oklahoma, please call 1-877-256-4678 or visit www.express-scripts.com. For all other questions, please call CommunityCare at 877-293-8628. Copayments for prescription drug benefits are NOT applied to the basic health benefit plan deductible/copayment maximum.