



For Employees and Retirees covered by the  
Duluth Joint Powers Enterprise Trust Health Plan 3A

# Outpatient Prescription Drug Benefit

## A Summary Overview

**Effective January 1 - December 31, 2012**

Claims Administrator: ClearScript<sup>SM</sup>

# Your Duluth JPE Trust Outpatient Prescription Drug Benefit

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### Prescription Drug Plan Design

A Formulary is a list of drugs that have been approved for use and are available through the outpatient prescription drug benefit plan. All prescription drugs on the Formulary are assigned to a tier (i.e., first tier generics, second tier preferred brands, and third tier non-preferred brands). Your co-payment and/or co-insurance are determined by the tier to which the prescription drug has been assigned. The plan covers outpatient prescription drugs at participating pharmacies. When you present your ClearScript Prescription Drug Identification (ID) Card or otherwise provide notice of coverage at the time of purchase, you pay only the prescription drug co-pay. If you do not present your ClearScript ID Card or otherwise provide notice of coverage at the time of purchase, you will be charged the full amount of the prescription drug.

#### Prescription Drug Benefits\*

Tier	Description	Retail Co-Pay Amount
<b>First</b>	Generic Drugs	<b>\$0</b>
<b>Second</b>	Preferred Brand Name Medications	<b>\$15</b>
<b>Third</b>	Non-Preferred Brand Name Medications	<b>30% co-insurance (\$30 min/\$100 max)</b>

#### Medication Therapy Management (MTM) program available

Deductibles and out-of-pocket maximums do not apply to outpatient prescription drug benefits.

## Identification (ID) Card

Present your ClearScript Prescription Drug ID Card to a participating pharmacy when you order a new or refill prescription. You may use this card at any participating pharmacy. With the National Pharmaceutical Services (NPS) Network, you can get your prescription filled at any of the more than 63,000 participating pharmacies located nationwide. The network includes major chains, as well as independent pharmacies. If you would like to locate the closest participating pharmacy, call NPS at 1-800-546-5677 or log on to the ClearScript website at [www.clearscript.org](http://www.clearscript.org). If your ClearScript ID Card was lost and you need a replacement card, simply call 1-800-546-5677 to request an ID card.

## Accessing Information Anytime

### Internet

- Go to [www.clearscript.org](http://www.clearscript.org)
- Select “Employee Coverage” from the left-column menu
- Click on the right-side image called “Access Your Prescription Benefits Account”
- Enter your Username and the password you received by email from NPS
  - First-time visitors: Click the “Sign Up” link in the upper-right area (under “Register”). You will need your **ID number** (member number) and **RX group number** (RXGP) from your ID card. NPS will email you a password.
- **Note**: a separate username and password is required for each member of a household. Multiple accounts cannot be viewed from a single login.

The following information is available online:

- Claim History – This area allows you to view your prescription history
- Pharmacy Locator – Need to know what pharmacies are near your home or a specific address? This option will identify pharmacies available based on the criteria you enter
- Preferred Drug Search – This links you to the NPS formulary. This tool will help you determine which copayment applies to your prescription (i.e., brand/generic, formulary/non-formulary)
- Drug Information/Pricing – This area provides you with information about your prescription, including the amount you could expect to pay

### Important Telephone Numbers

Customer Service is available 24 hours a day, 7 days a week, at 1-800-546-5677 (TTY: 1-866-706-4757).

- Order replacement ID Cards
- Request claim forms
- Receive assistance in locating a participating NPS network pharmacy
- Speak with a member services representative for assistance

## Important Drug Protocol Initiatives

In an effort to support and provide members with the best medical care at a reasonable cost, the following programs have been implemented: **Step Therapy Program**, **Over-the-Counter (OTC) Drug Program**, and **Tablet Splitting Program**. In addition to these programs, all Prior Authorizations for Duluth JPE Trust health plan members must strictly adhere to the clinical guidelines and Prior Authorization criteria established by ClearScript.

## Prior Authorization (PA) Process

To promote appropriate utilization, selected high-risk or high-cost medications may require PA to be eligible for coverage under the member's prescription drug benefit. PAs are only issued to a member in cases of:

- 1.) Documented prior failures on Formulary or Preferred Agents (as defined by current evidence-based clinical guidelines and appropriate medical review with adequate trial periods).
- 2.) Medical necessity – As defined as a prescription medication which is appropriate and consistent with the diagnosis and which, in accordance with generally accepted medical standards, the current Preferred or Formulary alternatives are not acceptable to current peer-reviewed medical literature, and which meets the following conditions: a.) it is recognized throughout the medical profession as safe and effective; b.) it is employed appropriately in a manner and setting consistent with generally accepted United States medical standards; and c.) it is not experimental in nature.
- 3.) Off-label use of medication – PAs for unlabeled uses of medications may be granted provided that: a.) the medication is approved by the FDA; and b.) two or more peer-reviewed professional medical journals have recognized, based on scientific medical criteria, the safety and effectiveness of the medication or combination of medications, for treatment of the indication for which the medication has been prescribed unless two articles from major peer-reviewed professional medical journals have concluded, based on scientific or medical criteria, that the drug or combination of drugs is unsafe or ineffective or the safety and ineffectiveness of the drug or combination of drugs cannot be determined for the treatment of the indication for which the drug or combination of drugs has been prescribed.
- 4.) Overriding an existing quantity limitation provided a specific dosing and tapering schedule is presented.

PA requests will not be approved for members requesting an exemption from the highest co-payment to the middle co-payment unless the above stated criteria are appropriately documented. In most cases, PA requests will be approved for one year from the date the request is received in the NPS office; however, certain exceptions and exclusions apply. PA forms may be obtained from your benefits coordinator or by calling NPS at 1-800-546-5677. PA request forms must be completed in-full prior to evaluation of your request.

## When and How to Submit a Prescription Claim Form

If the pharmacy did not submit your request for outpatient prescription(s) payment to the NPS system at the time of fill and less than two weeks have passed, you should return to the pharmacy with your receipt and ask that they attempt to submit the prescription(s) for funding from NPS. Once the prescription(s) have been submitted, you should receive your refund from the pharmacy. If your request for service has gone longer than two weeks<sup>\*</sup>, please follow the instructions below:

- 1.) Complete, sign and date the enclosed "Prescription Claim Form";
- 2.) Include all the original outpatient prescription drug receipts; and
- 3.) Mail to NPS at:

**National Pharmaceutical Services  
P.O. BOX 407  
Boys Town, NE 68010**

***\*Your prescription claim requests must be submitted for review within 90 days of the date services were rendered.*** This request must include the original pharmacy receipts, and the claim form must be completed in its entirety to avoid delays in processing your request. NO PHOTOCOPIES of pharmacy receipts are accepted. Do not send cancelled checks or cash register receipts. The NPS network consists of pharmacies located in the United States; therefore, no International claims will be processed. The form must be completed each time a claim is submitted to NPS.

## Specialty Drug Program Information

All outpatient prescription drugs in the “Specialty” class will be filled through an exclusive specialty drug provider, Fairview Specialty Pharmacy. Specialty pharmacy programs are designed specifically for patients with complex or ongoing conditions. By using Fairview Specialty Pharmacy, members will enjoy the convenience of having their drugs delivered to their home, safely and on time. To obtain a list of specialty drugs, to transfer your prescription(s), or to obtain additional information, please call 1-800-595-7140.

## Diabetes Management

In an effort to provide you with the best products for diabetic care, effective January 1, 2010, Abbott Diabetes Care is the exclusive provider of blood glucose meters and test strips. Abbott Diabetes Care products include Freestyle Lite, Freestyle Freedom Lite and the Precision Xtra. The Freestyle Blood Glucose Monitoring Systems give you the most up-to-date technology in pain-free testing with the world's smallest blood sample size and increased flexibility to test at more sites of the body.

You can pick up a free Abbott meter at your local pharmacy. Test strips will be covered at the preferred copayment. However, you will need to obtain a new prescription from your healthcare provider for the test strips for Freestyle. You may ask your pharmacist to call for you.

Any other diabetes blood glucose monitors and test strips will not be available on the formulary without a prior authorization. Other test strips will not work in the Freestyle. If you have further questions, do not hesitate to contact the Customer Service Center toll free at 1-800-546-5677.

## Medication Therapy Management (MTM) Program

MTM services encompass the assessment and evaluation of a member’s complete medication therapy regimen, rather than focusing on an individual medication product. The goal of the MTM program is to improve the member’s health and reduce medication therapy problems by providing an individualized patient care plan. A pharmacist will work with individuals and their health care providers to better understand the individuals’ medication history and current health status. Once the pharmacist has gathered all the medical information, the goal is to assist the member in managing medications and reduce the risk of complications. The pharmacist can also provide members with dietary, lifestyle and smoking cessation information. MTM services may: 1.) contribute to medication error prevention by enhancing a member’s understanding of appropriate drug use; 2.) result in improved reliability of health care delivery; and 3.) enable patients to take an active role in medication and health care self-management.

MTM is available to members covered under the Duluth JPE Trust’s hospital and medical benefit plan who:

- Use four or more program-specified maintenance medications; OR
- Have diabetes; OR
- Are diagnosed with at least two (2) of the following chronic conditions: high blood pressure, high cholesterol, asthma, chronic pulmonary disease, heart failure, or depression.

Interested participants are asked to choose a primary pharmacy to go for their medication therapy management. An appointment will be scheduled for you, and you will meet privately with a pharmacist at least once every three (3) months. **Participants will not be charged for the appointments.** During the appointments, the pharmacist will talk with participants about:

- Current use of medications (how it is taken, how well it is working, side effects, etc.)
- Treatment goals and the action plan to meet the goals
- Nutrition and exercise
- Participant’s knowledge of his/her medical condition(s)

Questions regarding the MTM program should be directed to Fairview Pharmacy Services by email at [mtm@fairview.org](mailto:mtm@fairview.org) or by phone at 866-332-3708. Participation in the MTM program is strictly confidential and the City of Duluth will not have access to any information related to any member’s participation in the program.

## Protecting Your Privacy

Your privacy is important to us. ClearScript, NPS and Fairview Pharmacy Services use health and prescription information about you and your dependents to administer your plan. This process generally involves reporting information to your health plan. To ensure your privacy, we use a sophisticated system to carefully monitor this process and we comply with Federal law, including the HIPAA privacy standards.

## Outpatient Pharmacy Coverage Management

To help control costs, your outpatient prescription drug benefit has certain coverage limits. For example, the following exclusions apply:

- Non-FDA approved drugs;
- Drugs dispensed outside the United States;
- Coverage for prescription drugs for the amount dispensed (days' supply or quantity limit) which exceeds the supply limit;
- Drugs which are prescribed dispensed or intended for use during an inpatient stay;
- Drugs prescribed by a provider not acting within the scope of his/her license;
- Over-the-counter drugs unless otherwise specified;
- Drugs consumed as an inpatient during a hospital or emergency room setting or in a physician's office;
- Medications and/or dosage regimens determined to be experimental, investigational, or unproven;
- Drugs for any condition, injury, sickness or mental illness arising out of, or in the course of, employment for which benefits are available under any workers' compensation law or any municipal, state or federal program, whether or not a claim for such benefits is made or payment or benefits are received;
- Prescription drugs for or related to infertility treatments;
- Medication for treatment of: impotence, sexual dysfunction, including, but not limited to erectile dysfunction; enhancement of athletic or intellectual performance; weight management or weight reduction; and impedance of the aging process;
- Prescription drugs used to restore hair growth and growth-stimulating hormones;
- Cosmetic hair products;
- Durable Medical Equipment, prescribed and non-prescribed outpatient supplies, other than the diabetic supplies specifically stated as covered;
- Charges for the administration or injection of any drug;
- Vitamin or dietary supplements;
- Drugs as a replacement for a previously dispensed prescription drug that was lost, stolen, broken or destroyed;
- Prescription drugs not included in the member formulary;
- Selected drugs or classes of drugs which have shown no benefit regarding efficacy, safety or side-effects;
- Drugs used for cosmetic purposes;
- Any manual claim from the member that is received by ClearScript and/or NPS more than 90 days from the date the prescription drug(s) was dispensed to the covered member;
- Drugs dispensed prior to the effective date in the plan or after the member's plan termination date.