



***Nemours Pharmacy Plan Overview***

Welcome to the Express Scripts Prescription Plan! Nemours and Express Scripts have partnered to provide you with the convenience and cost savings of Express Scripts Mail Order Pharmacy (Home Delivery) and the ease of our Retail Prescription Drug Program.

When you have a prescription filled, your plan will use three cost share tiers:

- **Generics** – If you switch to a generic drug – a safe, effective drug approved by the U.S. Food and Drug Administration (FDA) that also costs less – you’ll pay the least out-of-pocket.
- **Preferred** – If you switch to a preferred drug on the list, your cost share is higher.
- **Non-Preferred** – If you keep taking one of the non-preferred drugs on the list, your cost share is the highest.

Please see the Express Scripts National Preferred formulary to determine what cost share you will be charged for your medication(s). Only you and your doctor can make decisions about your healthcare. Be sure to ask your doctor which generics or brand-name drugs might be right for you.

Listed below are the plan tiers and their applicable cost share:

<b>Pharmacy Plan included in Red, Blue and White Medical Plans</b>		
<b>Applicable Programs: Generic Preferred, Drug Quantity Management, Prior Authorization, Step Therapy, SaveOnSP Copay Assistance &amp; Accredo</b>		
<b>Drug Type</b>	<b>Retail (34-day supply)</b>	<b>Smart90 Walgreens / Mail Order (90-day supply)</b>
<b>ACA Preventive Medicines</b>	\$0.00	N/A
<b>Non-Preventive Medicines</b>		
<b>Generic</b>	\$10.00	\$25.00
<b>Preferred Brand</b>	20% coinsurance minimum \$30, maximum \$60	20% coinsurance minimum \$75, maximum \$150
<b>Non-Preferred Brand</b>	40% coinsurance minimum \$60, maximum \$120	40% coinsurance minimum \$150, maximum \$300
<b>Specialty*</b>	20% coinsurance minimum \$100, maximum \$200	N/A

\*Specialty medications included on the SaveOnSP drug list may be filled through the SaveOnSP program at significant cost savings. Please note that manufacturer assistance for the drugs on the SaveOnSP list requires program enrollment and will not be used to satisfy the deductible and out-of-pocket maximum

<b>Green Plan (High Deductible Plan)</b>		
<b>Applicable Programs: Generic Preferred, Drug Quantity Management, Prior Authorization, Step Therapy &amp; Accredo</b>		
<b>Drug Type</b>	<b>Retail (34-day supply)</b>	<b>Smart90 Walgreens / Mail Order (90-day supply)</b>
<b>ACA Preventive Medicines</b>	\$0.00	N/A
<b>Non-ACA Preventive Medicines</b>		
Generics	\$10.00	\$25.00
Preferred and Non-Preferred Brands	20% coinsurance, after deductible	20% coinsurance, after deductible
<b>Non-Preventive Medicines:</b>		
Generic	20% coinsurance, after deductible	20% coinsurance, after deductible
Preferred Brand	20% coinsurance, after deductible	20% coinsurance, after deductible
Non-Preferred Brand	20% coinsurance, after deductible	20% coinsurance, after deductible

Note: Copay assistance dollars for Specialty Rx will lower the medication cost. Please note the manufacturer copay assistance will not be used to satisfy the deductible and out-of-pocket maximum in the Green plan

Nemours and Express Scripts are working to make prescription drug coverage more affordable. The copay and coinsurance above apply to prescriptions filled at In-Network retail pharmacies & through Home Delivery. **Cost share for a 90-day supply of maintenance medications at Nemours Onsite Pharmacies is 2x the retail cost share.** Prescriptions filled at an Out-of-Network Pharmacy are not covered. To find an In-Network pharmacy, go to [www.express-scripts.com](http://www.express-scripts.com) and register to access a pharmacy directory.

**The following prescription categories are listed as plan exclusions (Not Covered). These plan exclusions help Nemours manage costs and continue to provide a quality prescription plan.**

Photo Age Skin Products	Hair Growth Agents	OTC Products, unless covered under the Preventive Drug list
All Impotence Medications	Fertility Medication	Serums & Toxoids
Legend Homeopathic Medications		DME (Durable Medical Equipment)
Vaccines, unless covered under the Preventive Medicines list		

**Nemours onsite pharmacies:**

Cost share for a 90-day supply of maintenance medications at Nemours Onsite Pharmacies is 2x the retail cost share.

**Prior Authorization:**

The list of medications that require prior authorization will change from time to time, and drugs that do not require prior authorization may require it in the future. To find out whether a medication requires a coverage review, **log in to [www.express-scripts.com](http://www.express-scripts.com)** anytime.

Prior authorizations, when approved, are typically approved for a one year period, unless otherwise noted.

**Step Therapy Requirements**

Step therapy is a program designed to help you save money by using the most cost-effective treatments if you have certain health conditions that require maintenance medications. It requires that you try a first line alternative (“Step 1”), often a generic medication, to treat your medical condition. Then, based on your doctor’s review, if necessary, you may be able to move to a preferred or non-preferred brand-name drug (“Step 2”).

**Generic Preferred Program:** If you or your physician chooses a brand-name medication when a chemically equivalent generic is available, you’ll pay your cost share *plus* the difference in cost between the generic and the brand-name medication.

**If you have questions, please contact Express Scripts at 844-394-2932.**

**Specialty Pharmacy Copay Assistance Program (SaveOnSP)**

Nemours is partnering with Express Scripts’ program, SaveOnSP, to help you save money on certain specialty medications. Specialty medications included on the SaveOnSP drug list may be filled through the SaveOnSP program. If your specialty medication is noted on the SaveOnSP Drug List, you must participate in the SaveOnSP program to receive your medications at no cost to you. Your prescriptions will be filled through approved specialty pharmacy. If you do not participate in the SaveOnSP program, you will be responsible for the copay listed on the attached SaveOnSP Drug list. The cost of these medications will not count towards your deductible or out-of-pocket maximums.

**Contact SaveOnSP at 1-800-683-1074 to avoid delays in obtaining your prescription(s) and benefiting from savings through SaveOnSP program.**

**Accredo Program Update: Effective January 1, 2023**

**Effective January 1, 2023,** you are required to obtain all specialty medications through Accredo including specialty medications previously accessed through the medical benefit. The list of medications subject to this change in program coverage is available by calling the number on your prescription drug ID card. If you are currently using specialty medications affected by the program and you do not obtain them through Accredo, you will be required to transfer those prescriptions to Accredo. If you continue to purchase your medications from your doctor or another pharmacy, you will be responsible for their full cost. When you order a covered specialty medication through Accredo, your out-of-pocket cost will be limited to the applicable specialty copay mail-order cost share.

The list of medications subject to this specialty drug program may change, and you should check the list before you fill a prescription for a specialty medication.