



**SERS
Express Scripts
Prescription Drug
Coverage Guide**

2022



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WELCOME

This guide has information on prescription drug coverage for Aetna plan participants. Express Scripts administers your prescription drug coverage.

THE SERS FORMULARY

The SERS Formulary is our prescription plan's list of covered medications. It is made up of generic and brand-name medications that are high quality and cost-effective. The medications on the formulary are listed as "preferred" medications.

GENERIC MEDICATIONS

Generic medications are comparable to brand-name medications. They are approved by the U.S. Food and Drug Administration, and meet the same standards as brand-name medications. However, they usually cost about half as much as brand-name medications.

NON-PREFERRED MEDICATIONS

Non-preferred medications are brand-name medications not on the SERS Formulary. You pay 100% of the cost for these medications.

PRESCRIPTION FILLS

RETAIL PHARMACY

Present your Express Scripts ID card when getting a prescription at a retail pharmacy.

- Non-Medicare enrollees pay 100% of the cost for any maintenance medication refills at retail (see Maintenance Refills on page 4).
- Medicare enrollees must use retail pharmacies in the Express Scripts Broad Performance Network for coverage (see page 6).
- Only Medicare plan participants can receive a 90-day supply of medication at retail pharmacies.
- If the cost of the medication is less than the co-pay, you pay the lower cost of the medication.

HOME DELIVERY

Home delivery makes sense for participants who take medication on a long-term basis. If you do not have your maintenance medication refills set up through home delivery, here is how to get started:

- Contact your doctor. The fastest, easiest way to set up home delivery is to ask your doctor's office to send your maintenance prescriptions electronically to Express Scripts.
- Contact Express Scripts directly. If you have questions about getting your medication delivered to your home, call a customer service representative at the number on the back of your Express Scripts ID card.

MANAGING YOUR PRESCRIPTIONS ONLINE

You can set up a secure, online account to manage your prescriptions. An online account allows you to:

- Order refills and track the status of orders
- Locate participating retail pharmacies
- Check the co-pay for a particular medication

To set up an account, go to www.express-scripts.com. Have your Express Scripts ID number ready. Follow the on-screen prompts to register.

DOWNLOAD THE MOBILE APP

Search for "Express Scripts" in the Apple App Store or the Google Play Store.



You can order refills, track orders, start automatic refills, view your ID card, and add a reminder to take your medicine.

NON-MEDICARE CO-PAYS

	Retail (34-day supply)	Home Delivery (90-day supply)
Generic	\$7.50 co-pay max.	\$15 co-pay max.
Preferred brand name	25% of cost (min. \$25, max. \$100)	25% of cost (min. \$45, max. \$200)
Specialty medications	25% of cost (min. \$25, max. \$100) Only certain specialty medications allowed at retail.	25% of cost (min. \$15, max. \$67 per 30-day supply) Different co-pay amounts apply for medications eligible for SaveonSP co-pay assistance program.
Non-preferred brand name	No coverage	No coverage
	Insulin Only	
Preferred brand name	\$25 co-pay	25% of cost (min. \$45, max. \$60)
Non-preferred brand name	25% of cost (max. \$45)	25% of cost (max. \$115)

In the event of a conflict between this information and the plan documents, the plan documents prevail.

MAINTENANCE REFILLS

Maintenance medications are drugs used to treat conditions that are considered chronic. These conditions require regular or daily use of maintenance medications.

Maintenance medications **must** be filled through home delivery. New prescriptions may be filled for the first two times at a retail pharmacy, but all remaining **refills must be obtained through home delivery.**

SPECIALTY MEDICATIONS

Specialty medications typically require special handling, administration, or monitoring. They are used to treat complex and chronic conditions like cancer, multiple sclerosis, and rheumatoid arthritis.

Specialty medications **must** be filled by mail order through Accredo, Express Scripts' specialty pharmacy.

Accredo sends deliveries overnight. The only retail pharmacy exceptions are specialty medications that must be taken within 24 hours of a hospital discharge.

If you have questions, call Express Scripts toll-free at 866-685-2791.

SPECIALTY CO-PAY ASSISTANCE

SERS participates in a co-pay assistance program with SaveonSP, which takes advantage of funds available from drug manufacturers to lower your cost and the amount that SERS pays.

Accredo determines whether your specialty medication is eligible for co-pay assistance. If it is, you will be contacted by SaveonSP to enroll and lower your cost to \$0. SaveonSP **only** contacts you if your specialty medication is eligible for this assistance. If you choose not to participate, you will pay a significant co-pay.

The specialty medications in this program are considered non-essential health benefits under the plan, and your co-pay expenses will not be applied toward satisfying the out-of-pocket maximum. If you take a specialty drug that is not included in the co-pay assistance program with SaveonSP, your prescription will be subject to the specialty medication co-pays on page 4.

NON-PREFERRED MEDICATION

Brand-name medications not on the SERS formulary are called “non-preferred.” You pay 100% of the cost for these medications. You cannot receive these medications through mail order.

Insulin is an exception to this rule. Both preferred and non-preferred brands of insulin are covered.

Proton Pump Inhibitors taken to control acid reflux are not covered. Most are available as over-the-counter medications.

If you have a medical reason for taking a non-preferred brand medication, you can request to receive it at the preferred cost. Your prescriber must file a **Coverage Determination Request** on your behalf with Express Scripts, and provide a statement supporting the request. Express Scripts then reviews the request and sends you and your prescriber a determination.

If you reach the out-of-pocket maximum, Express Scripts pays 100% of costs until the end of the year. Non-preferred medications do not count toward your out-of-pocket maximum.

PREFERRED GLUCOSE TEST STRIPS

Preferred-brand glucose test strips are available without a co-pay. You also can get a blood glucose meter at no charge to use with the preferred-brand test strips.

Non-Medicare participants should call Express Scripts' customer service number to ask which test strips and meters are free.

MEDICARE CO-PAYS

	Retail Network (34-day supply)	Home Delivery (90-day supply)
Generic	\$7.50 co-pay max.	\$15 co-pay max.
Preferred brand name	25% of cost (min. \$25, max. \$100)	25% of cost (min. \$45, max. \$200)
Specialty medications	25% of cost (min. \$25, max. \$100)	25% of cost (min. \$15, max. \$67 per 30-day supply)
Non-preferred brand name	No coverage	No coverage
	Insulin Only	
Preferred brand name	25% of cost \$25 max	25% of cost (min. \$45, max. \$60)
Non-preferred brand name	25% of cost (max. \$45)	25% of cost (max. \$115)

In the event of a conflict between this information and the plan documents, the plan documents prevail.

EXPRESS SCRIPTS BROAD PERFORMANCE MEDICARE NETWORK

The Express Scripts Broad Performance Medicare Network is a coverage requirement for Medicare enrollees.

Enrollees must use retail pharmacies within the network or Express Scripts mail order for coverage.

The Express Scripts Broad Performance Medicare Network has a large network of pharmacies nationwide, including CVS, Kroger, Walgreens, Walmart and many more.

Enrollees filling prescriptions at a non-network pharmacy will pay 100% of the cost.

For more information on network pharmacies, create an account at www.express-scripts.com. Once logged in, click on “Prescriptions: and then “Find a Pharmacy,” or, you can call Express Scripts’ Customer Service toll-free at 1-866-258-5819. (TDD: 1-800-716-3231) SERS does not maintain a list.

NON-PREFERRED MEDICATION

Brand-name medications not on the SERS formulary are called “non-preferred.” You pay 100% of the cost for these medications. You cannot receive these medications through mail order.

Insulin is an exception to this rule. Both preferred and non-preferred brands of insulin are covered.

If you have a medical reason for taking a non-preferred brand medication, you can request to receive it at the preferred cost. Your prescriber must file a **Coverage Determination Request** on your behalf with Express Scripts, and provide a statement supporting the request. Express Scripts then reviews the request, and sends you and your prescriber a determination.

What you pay for non-preferred medications is not included in the costs that apply to reaching the coverage gap (donut hole).

MEDICARE PART B MEDICATIONS AND SUPPLIES

Medications and supplies covered by Medicare Part B are billed through your Aetna MedicareSM Plan (PPO) rather than through Express Scripts.

Your medical plan covers glucose testing strips, meters, and lancets.

The medications listed below are covered by either your medical or prescription drug plan:

- Immune suppression medications, such as Imuran
- Nebulizer medications, such as Albuterol
- Oral anti-nausea medications, such as Zofran
- Oral chemotherapy medications, such as Methotrexate

In order to determine which plan covers the cost, Aetna Medicare PPO and Express Scripts review the situation under which the medication is prescribed.

PREFERRED GLUCOSE TEST STRIPS

Medicare participants should use their Aetna Medicare card for test strips and meters.

Preferred-brand glucose test strips are available without a co-pay. You also can get a blood glucose meter at no charge to use with the preferred-brand test strips.

COVERAGE RULES FOR ALL PLANS

There are other coverage rules that may affect you:

- **Prior Authorization** – Your prescriber must contact the plan before you can fill prescriptions for certain medications. Your prescriber may need to show the medication is medically necessary for the plan to cover it.
- **Quantity Limits** – Limits how much medication you can get at one time.
- **Step Therapy** – You must try one or more similar, lower-cost medications before the plan will cover a more expensive one.
- **Compounded Medications** – Some are covered; prior authorization may be required.

If your doctor thinks that one of these coverage rules should not be applied to your situation, you can ask for an exception.

PRIOR AUTHORIZATION

Some medications are covered only for certain uses. Your doctor may need to provide additional information to Express Scripts. This can delay the processing of your prescription.

You will be told when prior authorization is needed to fill a prescription. You will be given a special toll-free number for your doctor to call. If the prescription is for home delivery, Express Scripts will make three attempts to contact your doctor for the information before notifying you.

Express Scripts will review the additional information provided by your doctor, and will let you and your doctor know its decision. If you are denied coverage, you will be provided with information on how to file an appeal.

Medicare plan participants who have questions about prior authorization should call Express Scripts toll-free at 866-258-5819.

Non-Medicare plan participants should call 866-685-2791.

These medications require prior authorization:

- Acne gels, such as Tazorac
- Acyclovir
- Alertness medications, such as Provigil, and Nuvigil
- Alosetron
- ALS medications
- Anabolic steroids
- Antidepressant medications, such as Celexa, Lexapro, Prozac, Paxil, and Zoloft
- Antifungals, certain medications
- Anxiety, certain medications
- Apokyn
- Arcalyst
- Banzel

- Barbiturates
- Blood cell growth factors, like Granix, Neulasta, Neupogen, Promacta, Zarxio, etc.
- Botox, Dysport, Myobloc, Xeomin
- Cancer treatment, medications such as Abiraterone, Afinitor, Alecensa, Bosulif, Caprelsa, Cometriq, Cotellic, Erivedge, Farydak, Gilotrif, Gleevec, Ibrance, Iclusig, Imbruvica, Inlyta, Iressa, Jakafi, Kadcyla, Keytruda, Lemtrada, Lenvima, Lonsurf, Lynparza, Mekinist, Nexavar, Ninlaro, Odomzo, Opdivo, Panretin, Revlimid, Rituxan, Sprycel, Stivarga, Sutent, Tafinlar, Tagrisso, Tarceva, Tassigna, Thalidomid, Turalio, Tykerb, Votrient, Xalkori, Xtandi, Zelboraf, Zydelig, and Zykadia
- Carbaglu
- Cerdelga
- Chelator medications
- Chement
- Chenodal
- Cholbam
- Cialis
- Cinacalcet
- Cinryze
- Compounds
- Corlanor
- Cresemba
- Cystaran
- Cysteamine
- Daraprim
- Diabetes medications, such as Byetta, Bydureon, Symlin, and Victoza
- Dupixent
- Egrifta
- Entresto
- Estrogen, certain products
- Fentanyl in certain forms
- Firazyr
- Gabapentin (generic for Neurontin)
- Gaucher disease medications
- Grastek
- Growth hormones
- Hepatitis C medications, such as Harvoni
- High risk medications for seniors, such as Cogentin, phenobarbital, etc.
- Hetlioz
- Ilaris
- Impavido
- Increlex
- Inflammatory disease medications, such as Actemra, Cimzia, Entyvio, Orencia, Otezla, Simponi, Stelara, and Tysabri
- Immunoglobulins
- Juxtapid
- Kalydeco
- Lovaza
- Megace, and similar drugs

- Metabolic enzyme medications
- Metyrosine
- Multiple sclerosis medications, such as Ampyra, Aubagio, Cinryze, Avonex, Betaseron, Copaxone, Glatopa, Plegridy, Extavia, Gilenya, Rebif, Tecfidera, Tysabri, and Ocrevus
- Myalept
- Nityr and Orfadin
- Northera
- Nuedexta
- Odactra
- Osteoporosis medications that are injected, such as Boniva, Prolia, Forteo and Reclast
- Prolastin, Aralast, Zemaira, and similar medications
- Psoriasis medications, such as Humira, Enbrel, Inflectra, Raptiva, Remicade, Amevive, Otezla, Stelara, Taltz, and Cimzia
- Pulmonary hypertension medications, such as Adcirca, Adempas, Flolan, Letairis, Opsumit, Remodulin, Sildenafil, Tyvaso, Uptravi, and Ventavis
- Pulmonary fibrosis drugs, such as Esbriet, and Ofev
- Ravicti
- Rheumatoid arthritis medications, such as Remicade, Enbrel, Orencia, Humira, Kineret, Actemra, Simponi, Xeljanz, and Cimzia
- Selzentry
- Sensipar
- Samsca
- Signafor
- Sirturo
- Solaraze
- Somavert
- Somatuline Depot
- Suboxone
- Symlin
- Synarel
- Syprine
- Testosterone products, such as Androgel, Axiron, etc.
- Topamax
- Topical medications, such as Elidel, Protopic, Zovirax, Dupixent
- Topical Tretinoin products, such as Retin-A, Atralin, Avita, Ziana
- Ultomiris
- Vfend
- Weight loss medication
- Xenazine generic
- Xermelo
- Xifaxan
- Xolair
- Xyrem
- Zonegran

This list is subject to change. Express Scripts may require specific test results before authorizing certain medications.

QUANTITY LIMITS

Federal regulations sometimes limit the amount of a medication you can get at one time. If your prescription exceeds these quantities, you will be notified.

Medications for pain management, such as oxycodone, hydrodone, fentanyl, Valium, or Xanax, have quantity limits. Other medications also may have quantity limits.

STEP THERAPY

You must try one or more similar, lower cost medications before the plan will cover the more expensive prescribed medication.

Step Therapy is used for certain medications prescribed to treat conditions, such as arthritis, high blood pressure, and high cholesterol.

New prescriptions are subject to Step Therapy. If you choose to have the prescription filled without trying Step Therapy, you will pay 100% of the cost of the prescription.

STEP 1: Step 1 medications are recommended for you to take first.

You pay the lowest co-pay for these medications. If you have previously tried a Step 1 medication, and you and your doctor decide this medication is not appropriate for you, then your doctor can prescribe a Step 2 medication.

STEP 2: Step 2 medications are preferred brand-name medications.

These medications are recommended only if a Step 1 medication does not work. Step 2 medications are more expensive.

Your pharmacy will be alerted when a prescription is subject to Step Therapy. You will be given an Express Scripts telephone number that you should give to your doctor.

You can appeal Express Scripts' initial determination to follow the recommended Step Therapy medication. If you are denied, Express Scripts will provide you with information on how to file an appeal.

Step Therapy is usually required for these categories:

- Alzheimer's medications, such as Aricept, Cognex, Exelon, and Razadyne
- Bile Acid Sequestrants, like Colestid, and Questran
- Diabetes medications, such as Actos, Diabeta, Glucophage, and Riomet
- Gout medication Uloric and Colcrys
- Heart medications, such as Accupril, Altace, Benicar, Calan, Cozaar, Diovan, Hyzaar, Procardia, and Vasotec
- High cholesterol medications, such as Flopid, Tricor, and Zetia

- Medications for ADHD
- Pain and inflammation medications, such as Motrin or Voltaren, and long-acting opioids
- Sedative hypnotics, such as Rozerem
- Tetracycline medications, such as Adoxa, and Solodyn
- Topical corticosteroids

COMPOUNDED MEDICATIONS

“Compounding” is when a pharmacist combines or mixes medicines to create a medication for an individual based on a prescription from a doctor. For example, a compounded medication may be made for someone who cannot swallow a pill and needs a medicine in liquid form that is not otherwise available.

Compounded medications are not approved by the Food and Drug Administration (FDA), so there is no way to confirm their quality, safety, and effectiveness. However, they may be used if an FDA-approved, commercially available drug does not work for you.

All compounded medications are reviewed by Express Scripts. Some compounds may not be covered based on specific clinical criteria. You have the right to appeal any denial of coverage.

PRESCRIPTIONS NOT COVERED

This is a partial list of situations or types of prescriptions not covered:

- Medications dispensed in a hospital; they are typically covered under your medical plan
- Prescriptions covered by Workers’ Compensation
- Prescriptions for fertility, erectile dysfunction, or cosmetic purposes
- Over-the-counter medications, and herbal or homeopathic preparations
- Non-preferred medications
- Repackaged prescriptions
- Durable Medical Equipment, certain vaccines, and diagnostic testing agents
- Maintenance medication refills at a retail pharmacy for non-Medicare plans only

Call Express Scripts with questions about whether a medication is covered.

CONTACT INFORMATION

Aetna Choice POS II and Aetna Traditional Choice plans

www.aetna.com

Toll-free: 800-826-6259

TDD: 711

Aetna MedicareSM Plan (PPO)

www.aetna.com

Toll-free: 866-282-0631

TDD: 711

Express Scripts

www.express-scripts.com

Medicare

Toll-free: 866-258-5819

TDD: 800-716-3231

Non-Medicare

Toll-free: 866-685-2791

TDD: 800-759-1089



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