State of Delaware Prescription Drug Program
Express Scripts - Pharmaceutical Benefit Manager

(As of 07/01/05)

Highlights include:

- Automatic enrollment in the prescription drug plan when enrolling in a Blue Cross or Coventry health care plan (with the exception of the Basic plan as it does not include prescription coverage).
- The following items are covered when prescribed for use outside a health care facility:
    - Legend drugs (these require a prescription according to Federal and State laws)
    - Compounded prescriptions with at least one legend drug as an ingredient
    - Injectable insulin, when prescribed by your doctor
    - Diabetic supplies, including lancets, when prescribed by your doctor
    - Insulin syringes, when prescribed by your doctor
    - Oral contraceptives
- The following items are NOT COVERED under the State of Delaware's prescription drug program:
    - Over the counter medications regardless of intended use
    - Devices other than those related to diabetic care
    - Administration or injection of drugs/vaccines (covered under your medical plan)
    - Allergy shots (covered under your medical benefit)
    - Drugs for weight loss
    - Reusable syringes
    - Immunizations and injectable medications administered by or in the physician's office (covered under your medical plan)

Prior Authorization (effective July 1, 1998)

Prior Authorization is the process of obtaining approval to receive select medications as covered benefits. Medications selected for prior authorization are those with a high potential for inappropriate use. Classes of medication and individual medications requiring Prior Authorization include:

- Fertility Agents
- Growth Hormones
- Epogen
- Prolastin
- Retin - A
- Ritalin
- Sporanox
- Lamisil
- Procrit
- Crezyme
- Differin (over age 29)
- Adderall (over age 18)

Three (3) Tier Copay System

Up to a 30-day Supply	Member Copay **Effective July 1, 2001**	Member Copay **Effective July 1, 2005**
Tier 1: Generic Drug	$ 7.50	$ 8.50
Tier 2: Formulary Drug	$15.00	$20.00
Tier 3: Non-Formulary Drug	$40.00	$45.00

90-day Supply from Express Scripts or Special Participating Retail Pharmacies	Member Copay **Effective July 1, 2001**	Member Copay **Effective July 1, 2005**
Tier 1: Generic Drug	$15.00	$17.00
Tier 2: Formulary Drug	$30.00	$40.00
Tier 3: Non-Formulary Drug	$70.00	$90.00

Generic Plus Choice Program (effective July 1, 2002)

This program allows members to obtain a brand name medication even if a generic alternative is available. If the member obtains a brand name medication when a generic is available, the member will pay the difference in price between the generic and the brand name, plus the generic copay.

Quantity Level Limits (effective January 1, 2003)

- Internal process to monitor prescriptions for manufacturer's recommended guidelines
- Prevents prescription error and helps monitor proper member supply.

Step Therapy (effective July 1, 2003)

- Program requires the use of first-line pharmacy medications before second-line medications are authorized.
- First & second line drugs are selected after careful review of medical literature, manufacturer product information and consultation with medical professionals.
- Does not apply to medications being taken by members prior to July 1, 2003
- Applies to the following therapeutic classes:
    - Ulcer Therapy
    - Pain & Inflammation
    - Rheumatoid Arthritis
    - High Blood Pressure
    - Antidepressants

Coupon Program (effective July 1, 2004)

- To promote the use of clinically appropriate, lower cost medications.
- Offered to employees/pensioners who were on medications prior to the implementation of Step Therapy and therefore grandfathered.
- Coupon for $0 copay provided for a specified timeframe.
- Must have approval and prescription from physician.
- Targeted letters sent to employees to take and share with their physicians if they wish to participate in this voluntary program.

Curascript Specialty Pharmacy for Self-Injectables (effective July 1, 2005)

- Program requires use of Curascript Specialty Pharmacy, after first fill of a self-injectable medication at a retail pharmacy.
- Members will receive a letter at their home following the first retail fill after July 1, 2005 explaining the program in detail.

Mail Order Service

- Offered to employees & pensioners as an option to obtain maintenance medications.
- 30-day supply must be filled at retail prior to obtaining a 90-day supply from mail.

90 day supply at Retail Pharmacies

- Certain retail pharmacies have agreed to fill a 90-day supply of medications at the same rate as mail order.
- For a current listing of these pharmacies, see list on State Personnel website (www.delawarepersonnel.com/benefits) or contact Express Scripts at 1-800-513-9502.

Override and Prior Authorization Requests

- Health care providers may provide medical documentation of a patient's inability to take a generic, preferred or first-line medication.
- The documentation should be faxed to Express Scripts at (800) 357-9577.
- Notification of approval or denial of faxed requests will be provided to the provider with 48 to 72 hours.
- All overrides and prior authorizations will expire after one year.