



### BENEFIT PLAN DESCRIPTION – Botetourt County

<b>Account Name</b>	Botetourt County
<b>Account Contact</b>	Mary Blackburn, HR Manager
<b>Formulary</b>	KPP National Formulary
<b>Account ID</b>	0158
<b>Retail Copays</b>	Generic Drugs-Tier 1: 10% with a \$7.50 minimum Formulary Brand Drugs-Tier 2: 30% with a \$20 minimum Non Formulary Brand Drugs-Tier 3: 40% with a \$35 minimum
<b>Mail Order &amp; Option90 Copays</b>	Generic Drugs-Tier 1: 10% with a \$15 minimum Formulary Brand Drugs-Tier 2: 30% with a \$40 minimum Non Formulary Brand Drugs-Tier 3: 40% with a \$70 minimum
<b>Retail Max Day Supply</b>	30
<b>Mail Max Day Supply</b>	90
<b>Maximum Dependent Ages</b>	Child: 26, EOM Student: 26, EOM
<b>Covered Items and Classes</b>	<p>Insulin            Insulin Syringes            Anti-Anxiety            ADD Medications            Epi-Pen            Fertility Drugs – 100% member co-pay            Immunosuppressants            Legend Prenatal Vitamins            Legend Vitamins            Multiple Vitamins with iron            Used for HIV Infection            Migraine Medications (all routes of administration, limited quantities)            Retin-A, Differin, Avita, and generic equivalents through Age 26, PA required after age 26  <b>Contraceptives:</b> \$0 co-pay</p> <ul style="list-style-type: none"> <li>- Oral, generic only</li> <li>- Patches – 3 per month</li> <li>- Ring- 1 ring per month</li> <li>- Emergency, generic only -2 courses per year</li> <li>- OTC products (with written prescription)</li> </ul> <p><b>Aspirin:</b> over-the-counter for age limit greater than 44 years - \$0 co-pay, only strengths less than 325 MG.  <b>Prescription (generic only) oral fluoride supplementation</b> – ages 6 months – 6 years, \$0 co-pay  <b>OTC Folic Acid Supplements</b> – includes prenatal vitamins for women &lt; 55 years of age  <b>Prescription &amp; OTC Iron Supplements</b> – for children ages 6 – 12 months only  <b>Smoking Cessation</b> – prescription and OTC products  <b>Immunizations</b> –\$0.00 member co-pay (see website for full list)  <b>Flu Vaccines</b> – \$0.00 member co-pay  <b>Kroger Brand Blood Glucose Meter &amp; Test Strips</b> - \$0.00 member co-pay            Compound Drugs</p>
<b>Excluded Items and Classes</b>	<p>Drugs Used for Cosmetic Purposes            Multi-Vitamins with Fluoride            Injectable Medications (unless otherwise noted as covered)            Impotence Agents            Medical Supplies / DME            Anorexic, Anti-Obesity Drugs – require Prior Authorization            Non-Insulin Syringes and Needles</p>



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<p><b>Excluded Items and Classes – cont’d</b></p>	<p>Prescription Folic Acid supplements Non-sedating Antihistamines</p>
<p><b>CLINICAL PROGRAMS</b></p>	
<p>Specialty Drug Program</p>	<p>As part of the pharmacy benefit with Kroger, a specialty program has been created to help you manage your prescription medication therapy. The Kroger Specialty Program is powered by Ascend, an experienced specialty pharmacy provider. The program will help you manage your injectable medications and other complex drug therapies by insuring reliable delivery through Postal Prescription Services, a Kroger owned mail-order, and comprehensive drug and disease education and counseling.</p> <p>The nurses and clinical pharmacists administering the specialty drug program specialize in certain disease states. They understand the medication(s) members are taking are extremely important to their health and will work closely with you and your physician(s) to coordinate care and ensure that therapies are received in a timely and efficient manner.</p> <p>Enrollment in the specialty pharmacy program is easy. You should call the Customer Service Center toll-free at (800) 850-9122. We encourage you to have your insurance and physician information available to update your personal profile. The specialty care coordinator will then contact your physician to arrange for a transfer of your prescription(s), and make the necessary arrangements to have the medication delivered to your specified destination on the requested date.</p> <p>If you have a question about transferring your specialty medication, administering a drug or copay assistance, please contact Ascend @ (800) 850-9122.</p> <p>If you have a question about copays or to schedule delivery of a specialty drug, please contact Postal Prescription Services @ (800) 552-6694.</p> <p><b><u>Six Disease States:</u></b> Growth Hormone, Oral Oncology, Hepatitis, Multiple Sclerosis (MS), Rheumatoid Arthritis (RA), &amp; Respiratory Syncytial Virus (RSV).</p>
<p>Target Pricing – PPI</p>	<p>Effective December 1st, 2010, the plan is encouraging all employees to talk with their pharmacists and physicians about switching to omeprazole and is waiving the co-pay on omeprazole at both retail and mail order.</p> <p>The original “Purple Pill”, omeprazole has consistently been the number 1 prescribed PPI since it was brought onto the market under the trade name Prilosec. In June of 2003 Prilosec was deemed safe enough by the Federal Drug and Food Administration that it was moved to over-the-counter status in the United States. At that point, the makers of the product sold the rights to Proctor and Gamble and launched a new prescription PPI called Nexium. Chemically, Nexium</p>



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<p>Target Pricing – PPI – cont'd</p>	<p>and omeprazole are equivalent. Fast forwarding to November 2009, Prevacid has been reclassified as an OTC preparation and Kapidex, a chemical equivalent, has replaced it as the Rx only version.</p> <p>For all other medications in the PPI class (Aciphex, Nexium, Kapidex, pantoprazole, and Prevacid) the co-pays will now be priced in a different fashion. Since the plan is now set up to pay 100% of the price of omeprazole 20 &amp; 40mg, the co-pay on all other PPIs will be their retail price – the amount the plan would have paid for an equivalent prescription of omeprazole.</p> <p>Based on last year's claims, the co-pay amount for the other PPIs would be:</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: left;"><u>Drug Name &amp; Strength</u></th> <th style="text-align: left;"><u>New Co-Pay</u></th> </tr> </thead> <tbody> <tr> <td>NEXIUM CAP 40MG</td> <td>\$120</td> </tr> <tr> <td>KAPIDEX CAP 60</td> <td>\$75</td> </tr> <tr> <td>OMEPRAZOLE CAP 20MG</td> <td>\$0.00</td> </tr> <tr> <td>OMEPRAZOLE CAP 40MG</td> <td>\$0.00</td> </tr> <tr> <td>PANTOPRAZOLE TAB 40MG</td> <td>\$70</td> </tr> <tr> <td>PREVACID CAP 30MG DR</td> <td>\$130</td> </tr> </tbody> </table> <p>*Pricing subject to change.            *Prevacid is now OTC and much cheaper than the Rx version.            *For those of you with children taking pediatric versions of Prevacid, the co-pays will remain unchanged.</p> <p>We recommend talking to your doctor or pharmacist before DATE. Pharmacists do not have the authority to switch a patient from one PPI to another, but can call the physician and request a change.</p>	<u>Drug Name &amp; Strength</u>	<u>New Co-Pay</u>	NEXIUM CAP 40MG	\$120	KAPIDEX CAP 60	\$75	OMEPRAZOLE CAP 20MG	\$0.00	OMEPRAZOLE CAP 40MG	\$0.00	PANTOPRAZOLE TAB 40MG	\$70	PREVACID CAP 30MG DR	\$130
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<p>Triptans</p>	<p>Effective December 1st, 2010, your prescription drug benefit will change in the following way. Medications which fall into the class of medications called the "triptans" will have a quantity limit of 9 tablets per month, or 9 nasal sprays per month, or 6 injections per month. Medications which fall into this class include: Amerge, Axert, Frova, Imitrex (sumatriptan), Maxalt, Relpax, Treximet, and Zomig. The FDA (Food and Drug Administration) recommends a maximum of two doses per migraine for the treatment of two to three migraines per month. There is no safety data for the utilization of triptan-like medications in excess of this limit.</p> <p>These quantity limits apply only to the amount of medication doses the plan will pay for. Additional doses may be filled outside the coverage of the plan.</p>														
<p>Antihistamines</p>	<p>Effective February 1st, 2010, medications which fall into the drug class called "antihistamines" will no longer be covered as a prescription. Medications which fall into this class include: Allegra, cetirizine, Claritin, Clarinex, fexofenadine, loratadine, Zyrtec, and Xyzal.</p> <p>Claritin and Zyrtec have been over-the-counter (OTC) for several</p>														



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<p>Antihistamines – cont'd</p>	<p>years. On February 1st 2011, Allegra will also transition to OTC status. At that point, only Clarinex and Xyzal will remain behind the counter, requiring a prescription. Both Clarinex and Xyzal are chemically equivalent to Claritin and Zyrtec respectively and are considerably more expensive. For this reason, the plan is excluding these medications.</p> <p>The pricing for Allegra has not yet been announced, but the pricing for Claritin, Zyrtec, and their associated store brands are as follows (all pricing is for a 30 day supply)*:</p> <p style="text-align: center;">Claritin = \$19.99      Kroger Brand Loratadine = \$4.20</p> <p style="text-align: center;">Zyrtec = \$19.99      Kroger Brand Ceterizine = \$13.18</p> <p>These over-the-counter versions are identical to the versions which used to be available by prescription only.</p>
<p>Statins – Target Pricing</p>	<p>All strengths of lovastatin, pravastatin, simvastatin will adjudicate for \$4 for a 30 day's supply.</p> <p>There will be no change to Crestor 40 mg. This medicine will process at current tier level.</p> <p>All other brand name statins will adjudicate in a "reference based pricing" fashion. The plan will pay \$25 towards the cost and the member will be responsible for the balance.</p> <p>Plan design rules on 90 day co-pay structure except for the brand name medications which will incur the reference penalty. The plan will be charged \$25 per month (\$75 for 3 months) and member will pay balance.</p>

***Please note that some medications require a prior authorization and some are limited to quantity restrictions. Both lists are available on your company website.***