




EXPRESS SCRIPTS®



Your Pharmacy Benefits Handbook

Welcome to Express Scripts

Pharmacy benefit manager for FCPS members enrolled
in the Aetna/Innovation Health and CareFirst health plans



At Express Scripts your health is important to us. We know there's a person behind every prescription we fill, and we're ready to serve you.

This booklet contains only a summary of information about the FCPS pharmacy benefit. If there is a discrepancy between information in this booklet and the official Plan documents, the Plan documents will govern. Medicare enrollees should refer to the Quick Reference Guide and Annual Notice of Changes documents for plan information. The documents can be found at www.fcps.edu (search keyword "Express Scripts Medicare").



Welcome to Express Scripts

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Note: The benefits described in this booklet apply to active employees and their covered dependents, non-Medicare retirees and their dependents. Retirees who are enrolled in the Aetna/Innovation Health plan and are covered by Medicare should refer to the information under Retiree Health Benefits on the FCPS website <http://www.fcps.edu>. (Search “Retiree Health Benefits.”)

Your prescription drug plan

You have choices when it comes to having your prescriptions filled. Express Scripts ensures you have access to high-quality, cost-effective medicines through a network of more than 68,000 retail pharmacies. You can also request convenient home delivery of your maintenance medicines – those medicines you take on an ongoing basis – from the Express Scripts Pharmacy.SM

This booklet describes the details of your prescription benefit. We encourage you to read these materials prior to accessing your benefits to ensure you understand the plan and how to make the plan work best for you.

Copayments/coinsurance

The amount you pay for your covered medicines will depend on:

- Whether your prescription is filled with a generic drug, a brand name drug, or a specialty drug.
- Where your prescription is filled (a retail pharmacy in the Express Scripts network, an out-of-network retail pharmacy, or through home delivery from the Express Scripts Pharmacy, or Accredo, an Express Scripts specialty pharmacy).

Your coinsurance or copayment*		
Participating retail network pharmacy**	Generic	Brand
• Up to 34-day supply	\$7	20% of cost of drug Maximum \$50
• More than 34-day supply up to 60 day supply	\$14	Maximum \$100
• More than 60-day supply up to 90-day supply	\$21	Maximum \$150
Home delivery from the Express Scripts Pharmacy	Generic	Brand
• Up to 90-day supply	\$14	20% of cost of drug Maximum \$100
Specialty medicines from Accredo, the Express Scripts specialty pharmacy	Generic	Brand
• Up to 34-day supply Note: Maintenance specialty medicines must be filled through Accredo after the initial fill at a retail pharmacy	\$7	20% of cost of drug Maximum \$50

*If the cost of the medicine is less than the minimum copayment, you will pay the lower amount.

**Refer to page 7 for instructions when using out-of-network pharmacies.

Coverage for preventive medicines

In compliance with the Affordable Care Act and the Women’s Preventive Services Act, some preventive medicines – including many women’s preventive care items- are covered in full without paying a copayment.

Below are some of the items available without paying a copayment. In order to have your copayment waived, you must meet the criteria specified below and have a prescription from your physician – even for over the counter items. You must also provide your Express Scripts identification card to the pharmacist for processing.

Drug or category (prescription required)	Criteria
Aspirin (to prevent cardiovascular events)	Men ages 45 to 79 years and Women ages 55 to 79 years
Oral Fluoride	Children older than 6 months of age through 5 years old
Folic Acid	Women through age 50 years
Iron Supplements	Children ages 6 to 12 months who are at risk for iron deficiency anemia
Smoking Cessation	Men and Women ages > 18 who use tobacco products
Colonoscopy Prep	Men and Women between ages 50 and 75; limited to two prescriptions per year
Vitamin D	Men and Women ages ≥ 65 who are at increased risk for falls
Women’s Contraceptives <ul style="list-style-type: none"> • Barrier contraceptives • Hormonal contraceptives • Implantable medicines (provided through your medical plan) • OTC Barrier contraceptive methods 	Women through age 50 years

Prescription drug formulary

Your coverage under Express Scripts is based on a formulary – a list of covered medicines. Your formulary offers a wide selection of clinically sound, cost-effective generic and brand name prescription drugs. For more information or to view the current formulary, please visit Express-Scripts.com/fcps.



Out-of-pocket maximums

Once your pharmacy out-of-pocket expense reaches the levels specified below, the Plan will pay covered charges at 100% for the remainder of the calendar year.

- **Individual:** \$1,500
- **Family:** \$3,000 (All family members' copayments and coinsurance contribute toward the out-of-pocket maximum)

Additional costs for purchasing a brand-name drug when a generic equivalent is available (ancillary charges) **do not apply** to the out-of-pocket maximum.

These out-of-pocket maximums are separate from out-of-pocket maximums for your medical plan. Refer to your medical plan summary plan description for information on your medical out-of-pocket maximums.



How to use your plan

Filling your prescriptions

There are several ways to fill your prescriptions, depending on your medicine needs.

- For long-term medicine needs – such as drugs used to treat high-blood pressure or diabetes – home delivery from the Express Scripts Pharmacy offers the most affordable and convenient way to get your prescriptions.
- For short-term medicine needs, such as antibiotics for strep throat or pain relievers for an injury, filling your prescription at a participating retail pharmacy is optimal.
- For specialty medicines – drugs that treat conditions such as cancer or multiple sclerosis - you must use Accredo, the Express Scripts specialty pharmacy. See page 8 for more information on Accredo.

Note: You must use 75% of your medicine before requesting a refill at a retail pharmacy.

Filling a short-term medicine

For short-term medicine needs, a participating retail pharmacy is your most convenient option. When filling prescriptions that you need immediately, simply present your Express Scripts member ID card and written prescription to your pharmacist and pay your copayment as shown on page 2.

When you use home delivery from the Express Scripts Pharmacy, you can count on:

- *A 90-day supply of your medicines for less than you would pay at your retail pharmacy*
- *Free standard shipping in a plain weather-resistant pouch*
- *Flexible payment options and automatic refills*
- *A registered pharmacist available at any time, day or night, year round*
- *Refill orders placed at your convenience, by telephone or online*

Filling a maintenance medicine

For long-term medicine needs, the Express Scripts Pharmacy offers the best value for the prescription drugs you take regularly to treat ongoing conditions. Your medicines are delivered safely and conveniently to your home.

You also have the option of filling prescriptions for long-term medicine needs at a participating retail pharmacy. You will, however, pay a higher cost than using home delivery from the Express Scripts Pharmacy (see page 2). You can locate your nearest participating retail pharmacy at any time at [Express-Scripts.com/fcps](https://www.express-scripts.com/fcps) or by calling **866.815.0003**.

Please note: You must use 75% of your medicine before requesting a refill.

Using the Express Scripts Pharmacy for your long-term medicines

When you use the Express Scripts Pharmacy, you can obtain a 90-day supply of your medicines for less than you would pay at your retail. There are three ways you can begin using the Express Scripts Pharmacy for home delivery of your maintenance medicines:

1. Online

- Ask your doctor to write a prescription for up to a 34-day supply and fill it immediately at your local pharmacy.
- After you've filled your initial prescription, go to **Express-Scripts.com/fcps**, and follow the prompts to set up your account. When your registration is complete, you will be notified of an opportunity to save on your new prescription and any other savings opportunities you may have. Follow the prompts and Express Scripts will contact your doctor to obtain a prescription for up to a 90-day supply of your medicine.

2. By mail

- Ask your doctor to write two prescriptions:
 - One for up to a 34-day supply that you can fill immediately at your local pharmacy
 - The second prescription for up to a 90-day supply of your medicine, plus refills for up to one year (if appropriate).
- Complete an order form for home delivery from the Express Scripts Pharmacy. Forms are available on **Express-Scripts.com**. Return the completed order form, along with your written prescription for your 90-day supply, to:

Express Scripts
PO Box 66564
St. Louis, MO 63166-6564

Please note: to avoid delays in filling your prescription, be sure to include payment with your order. Please do not send correspondence to this address.

3. By fax from your doctor

- Ask your doctor to write two prescriptions: one for up to a 34-day supply that you can fill immediately at your local pharmacy.
- Have your doctor (or a member of your doctor's staff) fax the prescription for a 90-day supply, plus the appropriate number of refills for up to one year, if appropriate, along with a completed home delivery form to the Express Scripts Pharmacy at **800.391.9707**. Forms can be printed from **Express-Scripts.com**.

Important notes:

- Faxes must be sent from your doctor's office. Faxes from other locations, such as your home or workplace, cannot be accepted.
- Please allow two weeks for delivery of your medicine.
- You must use 75% of your medicine before you can request refills through mail order.

Using an out-of-network pharmacy

If you use a pharmacy that's not covered in your network, you must pay the entire cost of the prescription and then submit a claim for reimbursement. Claim forms are located online at **Express-Scripts.com** and can also be requested by calling Member Services at **866.815.0003**. Claims must be submitted within 365 days of the prescription purchase date. The maximum the Plan will reimburse is the amount the medicine costs at a participating retail pharmacy minus the appropriate copayment.

Using Accredo for specialty medicines

Accredo, the full-service Express Scripts specialty pharmacy, provides home delivery service for specialty medicines. These medicines are used to treat a number of complex conditions such as cancer and arthritis.

If your doctor prescribes a specialty drug, you may fill your initial prescription (for up to a 34-day supply) one time at a retail pharmacy. After that, the specialty drug must be filled through the Accredo pharmacy.

To get started, call an Accredo representative at **800.922.8279**. You may also request that Accredo contact your doctor for you and then call you to arrange for delivery of your medicine on a day that is convenient for you. You may refill specialty medicines one month at a time (maximum 34-day supply per copayment).

Additionally, Accredo offers personalized care to patients with chronic, complex health conditions.

- **Patient counseling** – convenient access to highly trained specialty experts, including pharmacists, nurses and patient care coordinators who provide the support you need to manage your condition
- **Patient education** – clinicians and disease-specific educational materials available 24/7
- **Convenient medicine delivery** – coordinated delivery to your home, doctor's office or any other approved location
- **Refill reminders** – ongoing refill reminders from a patient care coordinator
- **Language assistance** – translation services are available for non-English speaking patients

Accredo – We're here to help

In addition to providing specialty medicines--many of which can be very costly and are often unavailable through retail pharmacies--Accredo provides information and other services to help manage serious health conditions, including but not limited to:

- Cancer
- Hemophilia
- Hepatitis
- Multiple sclerosis
- Psoriasis
- Pulmonary arterial hypertension
- Respiratory syncytial virus
- Rheumatoid arthritis

Utilization management programs

Your plan has several programs in place to help you and the plan save money. These programs also help ensure your prescriptions meet certain plan rules and clinical guidelines.

Generics preferred program (automatic generic substitution)

Only your doctor can decide which prescription drug works best for you. If you want to lower your out-of-pocket costs, ask your doctor whether a generic drug is available and right for you.

With a generic drug, you get the same high-quality, effective treatment that you get with its brand name counterpart – without the high cost. FDA-approved generic equivalent medicines contain the same active ingredients and are subject to the same rigid standards, established by the FDA for quality, strength and purity, as their brand-name counterparts. To help manage the cost of prescription benefits, the plan includes an automatic generic substitution feature.

How does the generics preferred program work?

When your doctor prescribes a brand-name drug and a generic substitute is available, you will automatically receive the generic drug unless:

- Your doctor writes “dispense as written” (DAW) on the prescription; or
- You request the brand-name drug at the time you fill your prescription

If you choose generic medicines, you get safe medicines at the lowest cost. Your copayment for the generic drug will be less than the copayment for the brand-name drug.

If a generic is available, but you or your doctor request the brand-name drug, you will pay the generic copayment PLUS the full difference in cost between the brand-name drug and the generic equivalent. This difference in cost is referred to as the ancillary fee. The ancillary fee is in addition to the copayment, so the cost could exceed the copayment maximum.

For example:

Brand name medicine	\$120
Generic medicine cost	\$50
Difference	\$70
Copayment	\$7
Total cost	\$77
If you chose the generic drug, you would pay	\$7

Step therapy

Step therapy is about getting the most effective medicine for your money. That means using a tried-and-true medicine that's proven safe and effective for your condition at the lowest possible cost to you and the plan.

How does step therapy work?

Step therapy is designed for people who regularly take prescription drugs to treat ongoing medical conditions such as arthritis, asthma or high blood pressure. Prescription medicines are grouped into two categories:

Step 1 medicines are generic drugs that have been rigorously tested and approved by the FDA. Generics should be prescribed first because they can provide the same health benefits as higher-cost medicines. (See page 4 for more information.)

Step 2 medicines are brand-name drugs such as those you see advertised on TV. There may be multiple Step 2 medicines approved for a condition. They're recommended only if a Step 1 medicine doesn't work for you. Step 2 medicines almost always cost you and the plan more than Step 1 medicines.

What if my doctor prescribes a Step 2 medicine?

Ask if a generic (Step 1) alternative medicine may be right for you. An alternative medicine is one within the same therapy class. This is different from a generic equivalent, which would be automatically substituted for its brand-name counterpart.

Please share your formulary – the list of prescription drugs covered by your plan – with your doctor. The pharmacy cannot automatically change your prescription; your doctor must write a new prescription for you to change from a Step 2 medicine to a Step 1 medicine. If a Step 1 medicine is not a good choice for you, then your doctor can request prior authorization (described in more detail on page 10) to determine if a Step 2 medicine will be covered by your plan.

Who decides which prescription drugs are included in step therapy?

A panel of independent licensed physicians, pharmacists and other medical experts work with Express Scripts to recommend medicines for inclusion in the step therapy program. Together, they review the most current research on thousands of prescription drugs tested and approved by the FDA for safety and effectiveness, recommending appropriate prescription drugs for the program. For more information on step therapy in your benefit plan, visit [Express-Scripts.com/fcps](https://www.express-scripts.com/fcps) or call **866.815.0003**.

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Prior authorization

Prescriptions for certain medicines require a prior authorization – also known as a coverage review – to ensure the drug is cost effective and clinically appropriate. The review uses both formulary and clinical guidelines and other criteria to determine if the plan will pay for certain medicines.

The following situations may require prior authorization for your prescription:

- Your doctor prescribes a drug not covered by the formulary
- Your doctor prescribes a brand-name prescription drug when a generic is available
- The medicine prescribed is subject to age limits
- You need additional quantities of certain medicines, such as those used to treat migraines
- The medicine is only covered for certain conditions

If, on the rare occasion you are not able to take the generic medicine, your doctor can request a prior authorization that would allow you to purchase the brand without paying the ancillary charge.

How to appeal

If the prior authorization is denied, you or your representative may appeal this decision by writing to:

Express Scripts

P.O. Box 66588

St. Louis, MO

Attn: Appeals Department

Phone: 800.935.6103

Fax: 877.852.4070

Please include: your name and member ID number, the doctor's name and telephone number, the name of the medicine and any information relevant to your appeal. The appeal will be reviewed according to your plan provisions, and a decision will be sent to you and your doctor. If you require an urgent review, please call **800.753.2851** for instructions. Please note that not all appeal requests are eligible for the urgent review process. Urgent appeals will be decided within 72 hours.

If you still choose to fill this prescription, you will be responsible for the cost of the medicine that has not been approved. You have a right to receive, upon written request and at no charge, information used to review your request.

Quantity level limits

For some medicines, such as medicines used to treat migraines, your plan covers a limited quantity within a specified period of time. A coverage review may be available to request additional quantities of these medicines. Please note that the pharmacy does not automatically initiate a coverage review process for additional quantities. You or your doctor must initiate this process.



Claims inquiry

If you believe your claim was incorrectly denied or you have questions about a processed claim, call Express Scripts member services at **866.815.0003**.

Vacation overrides

If you are going on vacation and need an additional supply of your medicine, you should ask your pharmacist to call the Pharmacy Help Line to request a vacation override. This will allow you to obtain your next refill early.

Privacy

Your FCPS Benefits Plan meets the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to assure your health information is properly protected. To review the FCPS Group Health Plan Notice of Privacy Practices, refer to www.fcps.edu and search “Group Health Privacy Practices.”

You can view Express Scripts’ privacy policy by logging in to **Express-Scripts.com** and clicking on “Privacy” at the top of the page.

Resources at-a-glance

Online resources for members already enrolled in the plan

If you have internet access, you can use the Express Scripts website for quick access to information. Register today at **Express-Scripts.com/fcps** to:

- Order refills of your prescriptions from the Express Scripts Pharmacy
- Track the status of your prescriptions from the Express Scripts Pharmacy
- Check prescription pricing and coverage
- Request Express Scripts Pharmacy home delivery order forms and envelopes
- Locate a participating retail pharmacy and download claim forms
- Print a temporary ID card
- Obtain health information and much more

Online resources for members not yet enrolled in the plan

If you are not yet enrolled in the plan, you can visit **Express-Scripts.com/fcps** to:

- View plan highlights
- Locate participating retail pharmacies
- Compare medicine prices
- Find out if your medicines are in the formulary

By phone

Call **866.815.0003** to speak with a Member Services representative and:

- Ask questions about your prescription benefit
- Request Express Scripts Pharmacy home delivery order forms or envelopes
- Find the nearest participating retail pharmacy
- Request claim forms for prescriptions filled at out-of-network pharmacies
- Speak with a registered pharmacist
- Order refills

*All services listed above are available 24 hours a day, 7 days a week. To access TTY service for hearing-impaired members, call **800.899.2114**.*

For additional information about the services available to you through Accredo, please call **800.922.8279** from 8 a.m. to 8 p.m., Eastern Time, 7 days a week

Language assistance – translation services are available for non-English speaking patients

Helpful numbers you may need

Member Services (24/7)	866.815.0003
TTY (24/7)	800.899.2114
Prior Authorization (8 a.m.-9 p.m. Eastern)	800.417.8164
Accredo specialty pharmacy (24/7)	800.922.8279

Express-Scripts.com

Your privacy is important

Express Scripts is committed to meeting Fairfax County Public Schools guidelines related to protecting your privacy as well as those of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA includes provisions to ensure privacy of your personal health information.

In order to provide you with pharmacy services and to administer your prescription benefit, we may require personal health and prescription information from you, your doctor or your retail pharmacy. We use this information only to verify your identity and pricing under program; to check for adverse drug interactions; to accurately process your prescription order; and to keep you informed about the proper use of your medicines, available treatment and benefit options. We are also obligated to report any unusual activity that may constitute fraud or abuse of benefits.

Express Scripts may also use information and prescription data gathered from claims submitted for reporting and analysis purposes without identifying individual members.

To view additional information about Express Scripts' privacy policy, log into **Express-Scripts.com** and click on "Privacy" at the top of the page.



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