

APP-ATT-C

RX Nebraska Prescription Drug Program

[ ] Rush Rx Set-Up Group – Dept No. \_\_\_\_\_

[ ] Standard Benefit Schedule – Covered and noncovered services as stated in Master Group Contract. (If the designated Master Group Contract does not include RX Nebraska provision, use Endorsement 9856 to add standard RX Nebraska.)

[ ] Non-Standard Benefit Schedule - Endorsement 99-841 and Form 4718A (please complete).

[ ] Rx Nebraska Prescription Drug Pass-Thru – Endorsement 9-1313

[ ] Rx Nebraska Prescription Drug Benefits Integrated with Medical Benefits (IPS) – Endorsement 9-2152

A. BENEFIT DESIGN OPTIONS (Standard and Non-Standard Benefits)

Mail Order Benefits: [ ] Yes [ ] No

Maximum Day Supply:

Retail: [ ] 90-Day Supply [ ] \_\_\_-Day Supply
Mail Order (if applicable): [ ] 90-Day Supply [ ] \_\_\_-Day Supply

Copayment Amounts:

Table with 4 columns: Copay \$, Coinsurance%, Minimum \$/%, Maximum \$/%. Rows for Retail and Mail Order, each with 4 tiers (Generic, Formulary Brand, Non-Formulary Brand, Specialty).

- Copayment is applicable per each \_\_\_-day supply (retail); per each \_\_\_-day supply (mail order).

Specialty Pharmacy Benefit [ ] Yes [ ] No Applies to drugs on the specialty pharmacy drug list. Place of dispensing overrides the formulary status for copayments for these drugs.

\* Specialty medications are not available through mail order\*

Specialty Network: \$ \_\_\_\_\_ or \_\_\_% with max copay per RX \$ \_\_\_\_\_
Out-of-Network: \$ \_\_\_\_\_ or \_\_\_% with max copay per RX \$ \_\_\_\_\_

Members are allowed two fills of a specialty medication at a retail network pharmacy before being required to go through Triessent. [ ] Yes [ ] No

If the doctor indicates DAW Code 1 (dispense as written), and specifies a name brand drug be dispensed, copay is non-formulary brand.

[ ] Mandatory Generic Penalty [ ] No Mandatory Generic Penalty

Mandatory generic pricing: If the covered person requests a Name Brand Medication when a generic version is available, he or she is responsible for the difference in cost between the name brand and generic drug, plus the applicable copayment amount.

Mail Order Maintenance List [ ] Yes [ ] No Limits the mail order benefit to chronically used medications, thereby increasing the efficiency of mail order process. Available medications are listed on mail order maintenance list.

**Deductible:**             Yes  No    Amount: \$ \_\_\_\_\_  
Family:                 Yes  No  
Individual:             Yes  No

**Calendar Year Copayment Maximum:**     Yes  No    Amount: \$ \_\_\_\_\_

Once co-payment maximum is met for a year, benefits payable as follows: \_\_\_\_\_

**Benefit Maximum Per Year:**     Yes  No    Amount: \$ \_\_\_\_\_

**B. Pharmacy Preauthorization Programs**

COX-2 Inhibitor Preauthorization Program:     Yes  No

Leukotriene Modifier Preauthorization Program:     Yes  No

Proton Pump Inhibitor Therapy Preauthorization Program:     Yes  No

Sedative Hypnotics (Insomnia) Preauthorization Program:     Yes  No

**C. Other Rx Nebraska Provisions:** All Rx benefits will accumulate toward a Covered Person's Total Benefits.