## Prescription Drugs

**Prescription Drugs- Administered directly by OptumRx - 1-855-540-5950**  
www.optumrx.com

| Retail – 34-day supply | 100% after $10 copay  
|                       | 20% with $30 minimum and $80 maximum  
|                       | 40% with $60 minimum and $100 maximum  
|                       | *min / max reduced by 50% for asthma and diabetes  
| • Generic |  
| • Formulary Brand Name |  
| • Non-Formulary Brand Name |  

| Ministry owned on-site pharmacies – 34-day supply | 100% after $8 copay  
| • Generic |  
| • Formulary Brand Name |  
| • Non-Formulary Brand Name |  
|                       | 16% with $24 minimum and $64 maximum  
|                       | 32% with $48 minimum and $80 maximum  
|                       | *min / max reduced by 50% for asthma and diabetes  

| Ministry owned on-site pharmacies – 90-day supply | 100% after $24 copay  
| • Generic |  
| • Formulary Brand Name |  
| • Non-Formulary Brand Name |  
|                       | 16% with $72 minimum and $192 maximum  
|                       | 32% with $144 minimum and $240 maximum  
|                       | *min / max reduced by 50% for asthma and diabetes  

| Mail Order – 90 day supply | 100% after $25 copay  
| • Generic |  
| • Formulary Brand Name |  
| • Non-Formulary Brand Name |  
|                       | 20% with $75 minimum and $200 maximum  
|                       | 40% with $150 minimum and $250 maximum  
|                       | *min / max reduced by 50% for asthma and diabetes  

### Notes:

- Pharmacy follows the Medical Tier 2 Out of Pocket Maximum  
- Infertility drugs have a 50% coinsurance (no maximum)  
- If the brand drug has a specific equivalent generic drug available and the plan participant receives the brand, then in addition to the copay, the plan participant must also pay the difference between the ingredient cost of the brand drugs and the generic drug

## Maintenance Drugs

Prescription Drugs that are taken on an ongoing basis to treat routine ailments or disorders are considered to be a maintenance drug. After three 30-day fills, the member will be required to fill the drug as a 90-day supply through OptumRx Mail Service Pharmacy, CVS retail pharmacies (for certain Ministries) or a Trinity Health retail pharmacy, including Trinity Health Pharmacy Services in Ft. Wayne, IN.

## Specialty Drugs
Specialty medications must be filled through Trinity Health Pharmacy Services in Ft. Wayne or Trinity Health retail pharmacies (certain ministries) or through the OptumRx Specialty program (certain ministries).

**Preventive Service Medications (under the Patient Protection and Affordable Care Act):**

**No Copay with Prescription**

- **Aspirin Products**
  - Aspirin for prevention of cardiovascular disease and colorectal cancer in adults and for prevention of morbidity and mortality from pre-eclampsia in pregnant women at risk. Oral over-the-counter (OTC) aspirin products (with prescription). Exclude prescription aspirin products, non-oral aspirin products, or aspirin strengths > 325 mg

- **Fluoride Products**
  - Fluoride for prevention of dental caries in children. Prescription (generic single ingredient only) oral fluoride supplementation products. Exclude branded oral fluoride supplementation products

- **Folic Acid & Prenatal Vitamins**
  - Folic acid for prevention of neural tube defects. OTC folic acid supplementation products (with prescription), including prenatal vitamins containing folic acid for adults. Exclude prescription folic acid supplementation products and any product containing > 0.8mg or < 0.4mg of folic acid

- **Tobacco Smoking Cessation Products**
  - Prescription and OTC (with prescription) tobacco smoking cessation products (e.g., nicotine products, bupropion [generic only], varenicline) for adults. Quantity limit of 2 cycles per year and max daily dose applies to each active ingredient.

- **Immunizations**
  - Cover at $0 copay, single-entity and combination vaccinations for diphtheria, haemophiles influenzae type b, hepatitis A, hepatitis B, herpes zoster, human papillomavirus, polio, influenza, measles, mumps, rubella, meningococcal infections, pertussis, pneumococcal infections, rotavirus, tetanus, varicella and COVID-19 vaccines with FDA approval or emergency use approval (EUA). Exclude vaccines not listed in the ACIP Immunization Schedules. Age edits will apply in accordance with recommendations from ACIP.

- **Bowel Prep Agents for Colorectal Cancer Screening**
  - Selected OTC and Rx generic bowel preparation agents. Quantity limits may apply. Exclude branded bowel preparation products.

- **Breast Cancer-primary preventive**
  - To prevent the first occurrence of breast cancer if a Prior Authorization is obtained. Prior Authorization confirms member is using the medication for primary prevention of breast cancer and meets the preventive parameters of the USPSTF recommendation.

- **Statins**
  - Low to moderate dose statins for the primary prevention of cardiovascular disease in adults.
  - For members between ages 40-75, cover lovastatin
  - For members between ages 40-75, having one or more cardiovascular risk factors
    - Risk factors such as dyslipidemia, diabetes, hypertension, or smoking, and having a calculated 10-year risk of a cardiovascular event of 10% or greater, cover atorvastatin (generic Lipitor) 10 & 20 mg and simvastatin (generic Zocor) 5, 10, 20, 40 mg.
    - Requires prior authorization for $0 cost share

- **Pre-exposure Prophylaxis (PrEP)-prevention of HIV infection**
  - To include Truvada, Descovy, and generic tenofovir disoproxil fumarate.
  - Requires prior authorization for $0 cost share
Excluded Drugs

- Cosmetic medication: Anti-wrinkle agents, hair growth/removal, etc
- Non-sedating Antihistamine (NSA) drugs
- Hypoactive Sexual Desire Disorder (Addyi)
- Erectile dysfunction (ED) medications
- Compound pain patches and bulk powders

For a complete list, please reach out to OptumRx at 855-540-5950

Drugs requiring Prior Authorization (PA)

- Topical Acne
- Anti-obesity agents
- Kerydin
- Narcolepsy
- Compounds $300 and greater
- Anabolic steroids
- Specialty medications
- Oral/Intranasal

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Drugs that have Quantity Limits (QL) imposed

- Flu medication
- Corticosteroid oral inhalers
- Lyrica
- Bets 2 Agonists
- Mast cell stabilizer-Anticholinergic
- Opioids

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Due to the large number of available medicines, this list is not all-inclusive. Please note that this list does not guarantee coverage and is subject to change. Your prescription benefit plan may not cover certain products or categories, regardless of their appearance on this list.

This document is only an educational tool and should not be relied upon as legal or compliance advice. Additionally, some PPACA requirements may differ for particular members enrolled in certain programs, and those members should consult with their plan administrators for specific details.

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. For a complete description of benefits, please see the applicable summary plan descriptions. If there is a discrepancy between this summary and any applicable plan document, the plan document will control.

More information is available through optumrx.com to help you manage your prescription drug program. You will be able to locate a pharmacy, order mail service refills, track mail service orders, and ask questions. For additional information contact OptumRx at 1-855-540-5950.