Prescription Drug Benefits

The State's Prescription Drug Plan is administered by Catalyst Rx. Catalyst Rx can provide you with additional plan information, the location of participating pharmacies, the identification of preferred drugs, the cost for your prescriptions, and other plan information. Please see the inside front cover for information on how to contact Catalyst Rx. Outpatient prescription drug coverage is not included in any medical plan coverage. You must enroll separately in the prescription drug benefits plan; there is a separate premium for this coverage.

If you or your covered dependents are eligible for Medicare, you may have additional options for prescription drug coverage through the Medicare prescription drug plans (Part D) that became available January 1, 2006. Please see the Notice of Creditable Coverage in this guide for more information.

How the Plan Works

BRAND NAME VERSUS GENERIC DRUGS

The State prescription plan only covers up to the cost of a generic drug, when a generic is available. If you purchase a brand name drug when a generic drug is available, even if it is prescribed by your physician, you must pay the difference in price between the brand name and the generic, plus the applicable copay. The plan does not pass judgment on a physician's determination as to the appropriate medication for treatment, but the plan does have limitations as to the types and amounts of reimbursement available. This same rule applies to prescriptions filled either at a retail pharmacy or through the mail order program.

Catalyst Rx maintains a preferred list of drugs available on the Catalyst Rx website.

Preferred Brand Name Drugs

Preferred brand name drugs are those medications that Catalyst Rx has on its preferred drug list. **This list may change at any time.** Please review the list on its website at www.catalystrx.com/statemd. To get a copy of the preferred drug list, call Catalyst Rx or print it from the Catalyst Rx website.

Catalyst Rx physicians and pharmacists evaluate the medications approved by the Food and Drug Administration (FDA). Each drug is reviewed for safety, side effects, efficacy (how well the drug works), ease of dosage, and cost. The drugs that are judged the best overall are selected as preferred brand name drugs. You pay less if you choose preferred brand name drugs. Preferred drugs are reviewed quarterly and are subject to change.

Out-of-Pocket Copay Maximum

The Prescription Drug plan has an annual out-of-pocket copay maximum of $700. This means that when the total amount of copays you and your covered dependents pay during the plan year reaches $700, you and your covered dependents will not pay any more copays for eligible prescriptions for the remainder of the plan year (through June 30).

If you choose to purchase a brand name drug when a generic drug is available, the amount of the generic copay will be counted toward your $700 annual copay maximum, but the amount you pay that is the cost difference between the generic and brand name drugs will not.

YOUR COST AT RETAIL PHARMACIES

When you have a prescription filled, your copay is based on the type of drug you purchase and the quantity. As shown in the chart below, you will pay less if you fill your prescription with a generic or preferred brand name drug.

Type of Drug	Prescriptions for 1-45 Days (1 copay)	Prescriptions for 46-90 Days (2 copays)
Generic drug	$5	$10
Preferred brand name drug	$15	$30
Non-preferred brand name drug	$25	$50

NOTE: If you choose a brand name drug when a generic is available, you will pay the generic copay plus the difference in cost between the generic and brand name drug.

YOUR COST THROUGH THE VOLUNTARY MAIL ORDER PROGRAM

Catalyst Rx offers a voluntary mail order program that enables you to have long-term or maintenance medications (for conditions such as high blood pressure, high cholesterol, or diabetes) delivered to your home. You may refill your medications online or by phone.

Call Catalyst Rx at their toll-free number to find out more information about voluntary mail order. You may obtain prescriptions for up to a 90-day supply with the copayment no higher than $20. But, if you choose to purchase a brand name drug when a generic is available, you will pay more than the standard copay. You will pay the generic copay plus the difference in cost. See the Section "Brand Name Versus Generic Drugs" on page 37 for more information on the savings you can receive under this program.

The copays under the Voluntary Mail Order Program are:

Type of Drug	Prescriptions for 1-45 Days (1 copay)	Prescriptions for 46-90 Days (2 copays)
Generic drug	$5	$10
Preferred brand name drug	$15	$20
Non-preferred brand name drug	$20	$20

NOTE: If you choose a brand name drug when a generic is available, you will pay the generic copay plus the difference in cost.

PRESCRIPTION DRUG MANAGEMENT PROGRAMS

Zero Copay for Generics Program

The copayment for specific classes of generic drugs is zero dollars ($0) at both retail and mail order pharmacies. The five drug classes including some examples of generic drugs covered under this program are listed in the chart on the top of page 39.

If you are currently taking a brand name medication in one of these drug classes, please consult with your physician to determine if a generic alternative is appropriate.

Specialty Drug Management Program

The Specialty Drug Management Program is a program that is designed to ensure the appropriate use of specialty drugs. Many specialty drugs are biotech medications that may require special handling and may be difficult to tolerate.

The specialty drugs included in this program may be used for the treatment of Rheumatoid Arthritis, Multiple Sclerosis, Blood Disorders, Cancer, Hepatitis C, or Osteoporosis. Specialty drugs in this program will be automatically reviewed for step therapy, prior authorization, and quantity or dosage limits. These specialty drugs will be limited to a maximum 30-day

ZERO COPAY FOR GENERICS PROGRAM		
Drug Class	**Used to Treat**	**Generic Drugs***
HMG CoA Reductase Inhibitors (Statins)	High Cholesterol	simvastatin (generic Zocor) pravastatin (generic Pravachol)
Angiotensin Converting Enzyme Inhibitors (ACEIs)	High Blood Pressure	lisinopril (generic Zestril) lisinopril/HCTZ (generic Zestoretic) enalapril (generic Vasotec) enalapril/HCTZ (generic Vaseretic)
Proton Pump Inhibitors (PPIs)	Ulcer/GERD	omeprazole (generic Prilosec)
Inhaled Corticosteroids	Asthma	budesonide (generic Pulmicort Respules)
Selective Serotonin Reuptake Inhibitors (SSRIs)	Depression	fluoxetine (generic Prozac) paroxetine (generic Paxil) sertraline (generic Zoloft) citalopram (generic Celexa)
*The standards of quality are the same for generics as brand-name. The Food and Drug Administration (FDA) requires that all drugs be safe and effective. When a generic drug product is approved and on the market, it has met the rigorous standards established by the FDA with respect to identity, strength, quality, purity and potency.		

supply per prescription fill. Some of these specialty drugs are listed in the chart below.

NOTE: You will still be limited to paying just two copays per days 90 of medication.

Voluntary Specialty Pharmacy

Catalyst Rx offers a voluntary specialty pharmacy that helps members who need specialty drugs. The specialty pharmacy has nurses, pharmacists and other health care professionals who can help you understand the special characteristics of these drugs. They can also help you with health educational materials, monitoring, and other health assistance. For more information, contact Catalyst Rx at 1-866-643-3004.

Prior Authorization Drugs

Some drugs require prior authorization from Catalyst Rx before they can be covered under the Prescription Drug plan. These drugs are medications that have serious or toxic side effects, or are at a high risk for misuse or abuse. Prior authorization drugs include, but are not limited to:

- Retin-A
- Growth hormones
- Lamisil
- Desoxyn
- Dexedrine
- Adderall

Disease	Specialty Drugs in the Specialty Drug Management Program
Rheumatoid Arthritis	Cimzia, Enbrel, Humira, Kineret, Orencia, Orthovisc, Remicade, Euflexxa, Hyalgan, Supartz, Synvisc
Multiple Sclerosis	Avonex, Betaseron, Copaxone, mitoxantrone, Novantrone, Rebif, Acthar HP, Tysabri
Blood Disorder	Aranesp, Arixtra, Epogen, Fragmin, Innohep, Lovenox, Nplate, Procrit, Leukine, Neulasta, Neupogen, Neumega, Proleukin, anti-hemophiliac agents
Cancer	Afinitor, Gleevec, Iressa, Nexavar, Revlimid, Sprycel, Sutent, Tarcva, Tasigna, Temodar, Thalomid, Treanda, Tykerb, Xeloda, Zolinza, Eligard, Plenaxis, Trelstar, Vantas, Viadur, Zoladex, Thyrogen, Aloxi IV, Anzemet IV, Kytril IV, Zofran IV
Hepatitis C	Alferon N, Copegus, Infergen, Intron A, Pegasys, Peg-Intron, Rebetol, ribasphere, ribavirin, Roferon-A
Osteoporosis	Forteo, Reclast
*This list is subject to change without notice to accommodate new drugs and to reflect the most current medical literature.	

When you go to the pharmacy to obtain a drug that requires prior authorization, the pharmacist will receive an electronic message from Catalyst Rx, which states that your drug cannot be filled until you receive prior authorization. You will be given a toll-free number for Catalyst Rx's Prior Authorization Unit. Give this number to your physician to call. The Prior Authorization Unit physicians and pharmacists will discuss your case with your physician to determine if you meet the medical criteria for coverage.

If you are approved, you and your doctor's office will be notified. Once you are notified of approval, you can go to any participating pharmacy to pick up your prescription, since your approval will be noted on all participating pharmacies' computer systems by plan name.

If you are not approved for coverage, you may still purchase these drugs, but you will pay the entire cost. This amount will not count toward the $700 annual copay maximum. Drugs requiring prior authorization are subject to change at any time.

Please visit www.catalystrx.com/statemd for more information.

Drugs with Quantity Limits

Some drugs have limits on the quantities that will be covered under the State plan. Drugs with quantity limits include drugs the FDA only approved for short-term use. Other drugs with quantity limits may be less effective or harmful when overused. Quantity limits encourage the safe and appropriate use of prescription drugs. Some drugs with quantity limits include, but are not limited to:

- Erectile Dysfunction medications
- Proton pump inhibitors
- Sedatives
- Hypnotics (e.g., sleeping pills)
- Nasal inhalers

When you go to the pharmacy for a prescription drug with a quantity limitation, your copay will only cover the quantity allowed by the plan. You may still purchase the additional quantities, but you will pay the full cost. The cost of the additional quantities will not count toward your $700 annual copay maximum.

The list of quantity limitation drugs is subject to change at any time and is available by visiting their website at www.catalystrx.com/statemd.

Step Therapy

Step therapy is a process for finding the best treatment while ensuring you are receiving the most appropriate drug therapy and helping to reduce prescription costs.

The first step in the process is usually a treatment known to be safe and effective for most people, called first-line therapy. The next step is second-line therapy. First- and second-line drugs are selected by Catalyst Rx after careful review of medical literature, manufacturer product information, and consultation with medical professionals.

These steps follow the most current and appropriate drug therapy recommendations.

Catalyst Rx's computer system will review your records for step therapy medications when you go to the pharmacy to fill a prescription. If your prescription is for a step therapy medication, the computer will search your prescription records for use of a first-line alternative.

If one is not found, the step therapy medication will not be covered. You will be required to obtain a new prescription from your physician for one of the first-line alternatives, to receive benefits coverage.

Example: The prescription drug Celebrex is a mandatory step therapy drug for those under age 60. Before first-time coverage for Celebrex is provided, you may need to try other first- and second-line medications. Your physician will need to submit medical documentation to Catalyst Rx's Prior Authorization Unit for Celebrex to be covered for first-time treatment.

Leukotriene Modifier Step Therapy Program

Leukotriene Modifiers (Singulair, Accolate and Zyflo) are medications used to treat asthma and generally should not be taken as first-line therapy for asthma or allergic rhinitis (allergy). Members and their dependents over the age of 12 who are not currently taking other asthma medications or first-line allergy medications (such as a non-sedating antihistamine and a nasal steroid), must request prior authorization for coverage.

Requirements for Approved Use of Singulair

1. Patient is 12 years old or younger or
2. Patient must have a history of asthma or
3. Patient must have tried other allergic rhinitis therapies without success

DRUG EXCLUSIONS

Some drugs and medications are excluded from coverage, including, but not limited to:

- Weight-loss drugs;
- Vitamins and minerals (except for prescription pre-natal vitamins); and
- Drugs that are labeled by the FDA as "less than effective."

Refer to Catalyst Rx's website for a full list of excluded drugs.

DIRECT MEMBER REIMBURSEMENT

If you or your covered dependent purchase a covered prescription drug without using your prescription drug card and pay the full cost of the medication, you must do the following for your out-of-pocket expenses to be considered for reimbursement:

- Complete the top portion of the Direct Member Reimbursement (DMR) form including your name, Employee's identification number, mailing address, and employer name. Direct Member Reimbursement Forms may be obtained on the Catalyst Rx website for the State of Maryland Members at www.catalystrx.com/statemd.
- Use the detailed pharmacy receipt to complete the table at the bottom of the form.
- Attach the detailed pharmacy receipt. This includes medication dispensed, quantity, and cost.
- If you do not have the detailed pharmacy receipt, you must submit a completed Direct Member Reimbursement form signed by your pharmacist and your proof of payment (i.e. cash receipt).
- Send the information to Catalyst Rx by mail or by fax to the address or fax number listed on the bottom of the form.
- If the amount you paid is your copay or less than your copay, it is not necessary to send in claims for reimbursement. The copay is the responsibility of the member and will not be reimbursed. However, if you have reached the $700 out-of-pocket maximum, the copay (or smaller) amount will be reimbursable.

PLEASE NOTE:

- All paper claims submitted, including for generic medications, are subject to a $25 copayment.
- All reimbursements are subject to plan terms and conditions and may not be eligible for reimbursement.
- All claims must be submitted within one year of the prescription fill date.

Please allow 2 to 6 weeks for your reimbursement check to arrive at your home address on file.

Allergy Serum Claims

When you receive an allergy medication, there may be two costs: one for the allergy serum and one for the physician's professional services. In order to receive reimbursement for the allergy serum:

- You must submit a Direct Member Reimbursement Form with proof of payment to Catalyst Rx.
- Your physician must submit a claim to your medical plan for the professional services.

Catalyst will only provide reimbursement for the allergy serum if it has been paid for in full. You will not be reimbursed for partial payment.

For More Information

Please contact Catalyst Rx at 1-866-643-3004 or visit its website for State of Maryland members at www.catalystrx.com/statemd.