

## **CITY OF NICEVILLE**

### **PHARMACEUTICAL CARD SYSTEM**

#### **DRUGS COVERED**

Legend drugs. Exceptions: See exclusion list below.

Insulin.

Disposable insulin needles/syringes.

Disposable blood/urine glucose/acetone testing agents (e.g. Chemstrips, Clinitest tablets, Diastrix Strips and Tes-Tape).

Lancets.

Tretinoin topical (e.g. Retin-A) for individuals through the age of 25 years.

Compounded medication of which at least one ingredient is a legend drug.

Any other drug which under the applicable state law may only be dispensed upon the written prescription of a physician or other lawful prescriber.

Legend Oral contraceptives.

#### **EXCLUSIONS**

Contraceptives, non-oral dosage forms.

Anorectics (any drug used for the purpose of weight loss).

Anti-wrinkle agents (e.g. Renova®).

Cosmetic hair removal products (e.g. Vaniqa).

Growth Hormones.

Hair growth stimulants.

Immunization agents, blood or blood plasma.

Impotence medications.

Infertility medications.

Levonorgestrel (Norplant).

Non-legend drugs other than those listed above.

Smoking Deterrent Medications containing nicotine or any other smoking cessation aids, all dosage forms.

Tretinoin topical (e.g. Retin-A), for individuals 26 years of age or older.

Therapeutic devices or appliances, including needles, syringes, support garments and other non-medicinal substances, regardless of intended use, except those listed above.

Charges for the administration or injection of any drug.

Drugs labeled "Caution-limited by federal law to investigational use", or experimental drugs, even though a charge is made to the individual.

Medication which is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.

### **DISPENSING LIMITATIONS**

The amount normally prescribed by the physician; but not to exceed a 30 day supply for Retail Claims, or a 90 day supply for Mail Order Claims.

### **CO-PAYMENTS PER PRESCRIPTION**

You will be responsible for co-payments for the following types of prescriptions:

Brand Drugs	\$ 15.00
Generic Drugs	- 0 -

Should any of you elect a brand drug, when your physician has indicated a generic drug is acceptable, you will pay the difference in the cost of the drugs. Also, if the cost of the brand drug is less than \$15.00, you will only pay the settled cost. Of course, if you receive a generic drug, you pay nothing.

### **PARTICIPATING PHARMACIES**

A directory is located in the personnel office. Be sure that your usual pharmacy is covered under this special network. If you receive a prescription from a non-participating pharmacy, you will be required to pay for the medication and then get reimbursed from PCS.

### **MAIL ORDER CLAIMS**

Information and forms for mail order claims are located in the personnel office.

### **PROBLEMS OR QUESTIONS**

If you encounter any problems or have questions, please contact Benefits Plus, Inc., at 205-970-1030.

Effective 10/02