

PREVENTIVE MEDICATIONS

The Plan covers qualified preventive prescription and over-the-counter (OTC) products as listed in the table below. These medications will be covered at 100% when the Member meets the preventive care guidelines. All medications require a prescription from a provider and must meet the definition of qualified preventive care as defined under preventive medications.

ELIGIBLE PREVENTIVE MEDICATIONS

Preventive Service/Item	Requirements
Aspirin to prevent cardiovascular events	Men age 45 to 79 and Women age 55 to 79 where the benefit outweighs potential risk.
Breast cancer medications to reduce risk	Medications such as tamoxifen or raloxifene for women at increased risk for breast cancer.
Fluoride supplements	Children age 6 months to 5 years with a fluoride deficient water supply.
Folic acid supplements	Women through age 50 years.
Iron Supplements	Children age 6 to 12 months who are at risk for iron deficiency.
Smoking Cessation	Members may utilize the South Dakota Department of Health QuitLine resources for product coverage. Select Rx products covered by the Plan.
Vitamin D Supplement	Men and women 65 years of age or older at risk for falls.
Bowel Preparations for Preventive Colonoscopy	Men and women between 50 and 75 years of age. Limit 2 preparations per year under preventive benefit.
Women's Services/Contraception	Contraceptive methods approved by the Food and Drug Administration (FDA) covered for women through age 50 years. Generic and select brand name medications included.

Prescription medications listed above will be processed through the pharmacy benefit. Over the counter medications may be submitted for preventive service coverage using the medical claim form found at <http://benefits.sd.gov/Forms.aspx> and choosing Preventive Medications under claim form.

The claim form along with the provider prescription and a receipt for the product must be submitted in order to be reimbursed.

GENERIC POLICY

If a generic drug is available, and a Member chooses to take the brand product, the Member will be responsible for the ancillary charge. The ancillary charge is the difference in cost between brand and generic drugs when purchasing a brand name drug when a generic is available.

PRESCRIPTION DRUG PLAN EXCLUSIONS

The following are excluded from coverage unless specifically listed as a benefit under “Covered Drugs”:

- (a) Charges for which a third-party, including a third-party insurance company, may be responsible;
- (b) Non-formulary medications;
- (c) Non-legend drugs, including any OTC medications;
- (d) Blood glucose monitors, diabetic swabs, and calibration solutions;
- (e) Emergency contraceptives;
- (f) Injectable medications which are not considered self-injectable;
- (g) All vitamins, except as noted under “Covered Drugs”;
- (h) All Durable Medical Equipment (DME);
- (i) Prescriptions used for cosmetic purposes;
- (j) Drugs labeled “Caution-limited by Federal law to investigational use,” or experimental medications that do not have NDC numbers even though a charge is made to the Member;
- (k) Charges for prescription drugs that exceed the CVS Caremark contracted rate;
- (l) Medication which is to be taken by or administered to a Member, in whole or in part, while a Patient in a licensed Hospital, rest home, sanitarium, Extended Care Facility, skilled nursing 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;
NOTE: Benefits for covered medications administered during an approved inpatient confinement are payable under the South Dakota State Employee Health Plan;
- (m) Charges for the administration or injection of any drug. Within the provisions of Plan coverage, these drugs, services, or supplies may be covered under the South Dakota State Employee Health Plan;
- (n) Drugs used for indications not approved by the FDA;
- (o) Legend drugs with OTC equivalents;
- (p) Homeopathic or nutritional supplements (or combination of these with legend drugs);
- (q) Prescription medications obtained by illegal means;
- (r) Replacement of supplies or medications that are lost, damaged, stolen, or used inappropriately including medications determined to be abused or otherwise misused;
- (s) Laetrile use in any form;

- (t) Allergy Serum is covered under the health plan. The claim should be submitted to DAKOTACARE as a medical claim and Member will be responsible for a medical copayment; and
- (u) Medications as identified on the Listing of Prescriptions Not Covered Under Pharmacy. To view the list of excluded medications visit <http://benefits.sd.gov/Forms.aspx> and select Pharmacy Listing of Prescriptions Not Covered Under Pharmacy.

EARLY REFILL POLICY

A minimum of 75% of the medication must be used before a refill will be allowed. In a special circumstance of a Member needing to refill the medication before leaving on vacation, the Member may have one prescription refilled early per Plan Year.

In these situations, the Member should contact the Benefits Program at 605.773.3148 or 877.573.7347 for pre-authorization.

DRUGS REQUIRING PRE-AUTHORIZATION

Certain medications require pre-authorization. For the current Pre-authorization list and who does the pre- authorization, visit <http://benefits.sd.gov/Forms.aspx> and choose Pre-authorization Listing. The Pre- authorization list is updated throughout the year.

STEP THERAPY PROGRAMS

Step therapy programs are implemented on certain therapeutic classes of drugs. The programs are designed to have Members begin with the most cost-effective and safest drug available (known as first-line drug therapy). The step therapy program will allow for more costly and higher-risk drug therapies if a Member fails the first-line drug therapy prescribed. The goal of these programs is to control costs and minimize side effects (from medications) that a Member may experience. The Step Therapy list is updated throughout the year. To view the list of current step therapy programs, visit <http://benefits.sd.gov/Forms.aspx> and choose Pre-authorization Listing.

HOME DELIVERY PRESCRIPTION PROGRAM

Members may use the CVS Caremark Home Delivery Prescription Program when they need to fill or refill up to a 90-day supply of certain maintenance drugs. The same Copayments apply to mail-order pharmacy as the retail pharmacy.

SUBMITTING CLAIMS

If a Member visits a nonparticipating pharmacy, or does not present a Member ID card, the Member must submit a claim for reimbursement to the pharmacy network's Claims Administrator. The claim must be submitted within one year from the end of the Plan Year in which the medication was purchased.

Reimbursement is limited to the State cost had the Member used a participating pharmacy, minus the applicable Copayments.

NOTE: Prescription drugs administered in a Physician's office (e.g., an injection of an allergy serum) also require the Member to file a claim for reimbursement. The Member should pay the provider when receiving this service.