Effective Jan. 1, 2019

2019 PRESCRIPTION DRUG PLAN DESCRIPTION

For Enrollees Without Medicare Or With Pending Medicare Status
Administered by Express Scripts

888-227-7877 • www.strsoh.org
Dear STRS Ohio Health Care Program Enrollee:

This is the prescription drug plan description for your STRS Ohio health care plan effective Jan. 1, 2019. It contains important information about the 2019 Express Scripts prescription drug plan coverage for enrollees without Medicare or with pending Medicare status.

Please read this information carefully and keep this document for your records. If you have questions about your prescription drug plan coverage, call Express Scripts toll-free at 866-685-2792 or visit www.express-scripts.com.

STRS Ohio Member Benefits

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INTRODUCTION

The coverage effective Jan. 1, 2019, described in this booklet is for qualifying individuals in the STRS Ohio Prescription Drug Program administered by Express Scripts. The program information applies to enrollees without Medicare or with pending Medicare status for enrollees in the STRS Ohio Health Care Plans administered by Medical Mutual, Aetna, AultCare and Paramount. Prescription drug coverage is included in all health care plans offered under the STRS Ohio Health Care Program. The STRS Ohio Health Care Program is authorized by Chapter 3307 of the Ohio Revised Code, which may be amended at any time by the Ohio General Assembly. Furthermore, coverage under the program may be modified or eliminated at any time by the State Teachers Retirement Board. Prescription drug coverage, like all other coverage under the STRS Ohio Health Care Program, is not guaranteed. STRS Ohio may change or discontinue all or part of the program for all or a class of eligible benefit recipients and covered dependents at any time. Premiums, Copayments/Coinsurance, Deductibles and all other charges or fees paid by an Enrollee may change from year to year.

This booklet states the terms and conditions under which prescription drug coverage is available to STRS Ohio Health Care Plan Enrollees without Medicare or pending Medicare status. The terms and conditions stated in this booklet shall control in the case of any question or dispute concerning such coverage.

The coverage provided by the program is not insured by Express Scripts; it is paid from STRS Ohio funds. Express Scripts provides certain administrative services under the program. The program is not an ERISA-covered plan.

The STRS Ohio Prescription Drug Program is separate and distinct from any other health care plan available while the Enrollees in this program were actively employed by any employer. This program does not constitute a continuation of any health plan through active employment.

Proceeds received by STRS Ohio as a result of offering prescription drug coverage are used to offset the cost of prescription drug claims, and the administration and operation of the program to the benefit of Enrollees.

Notice: If you or your Eligible Dependents are covered by more than one health care plan, you may not be eligible for coverage under both plans. Each plan may require you to follow its rules, and it may be impossible to comply with both plans at the same time. Read all of the rules very carefully, including the Coordination of Benefits section in this document, and compare them with the rules of any other plan that covers you or your family.

Issue Date: January 2019
Authorization to Release Information

By accepting coverage under an STRS Ohio health care plan, all Enrollees, including any enrolled dependents, agree that they shall: (1) furnish STRS Ohio or its designees any and all information and proof STRS Ohio may reasonably require pertaining to health care coverage and the operations of its health care plan; and (2) authorize and direct any person or organization that has provided services to the Enrollee to furnish STRS Ohio or its designees any and all information and records (or copies of records) relating to care or services provided directly or indirectly to the Enrollee or relating to the administration of the health care program. Such information and records may be requested by STRS Ohio or its designees at or within any reasonable time.

STRS Ohio will protect, use and disclose information pertaining to your “protected health information” in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to the extent that HIPAA applies to the program. HIPAA permits the program to use and disclose your protected health information (1) in connection with medical treatment you receive; (2) for payment purposes, which include uses and/or disclosures related to payment for services you receive, payments of premiums to the program, determining eligibility for benefits, claims management and/or utilization review; and (3) to conduct health care operations. Health care operations of the plan include quality assessment and health improvement activities including case management and care coordination.

The program may also disclose protected health information for other purposes permitted under HIPAA, which are more fully described in the document, STRS Ohio Notice of Privacy Practices. Your rights regarding your protected health information are also addressed in the STRS Ohio Notice of Privacy Practices, which may be obtained by contacting the STRS Ohio Member Services Center toll-free at 888-227-7877 or by visiting the STRS Ohio website at www.strsoh.org.

Fraud

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against the provider of coverage, submits an application or files a claim containing a false or deceptive statement, is guilty of a crime or fraud against the legal entity providing coverage under this program and such conduct may result in the termination of any or all coverage under this program. Any person who commits fraud will be responsible for repaying costs of coverage provided and could be liable for civil and/or criminal penalties.

Recovery of Costs

STRS Ohio shall be entitled to recover the costs of any claims paid on behalf of an Enrollee and collect the subsidized portion of the premiums, if it is determined that the individual terminated was not eligible for coverage at the time the claims were incurred, regardless of the amount of time that has passed.
STRS OHIO PRESCRIPTION DRUG PROGRAM

As a non-Medicare Enrollee in an STRS Ohio health care plan, you are eligible for the prescription drug coverage described on the following pages provided you are in compliance with plan requirements. This coverage is provided by STRS Ohio and administered by Express Scripts. With your prescription drug coverage, you may purchase Prescription Drugs through standard (network) retail/nursing home pharmacies, Express Scripts’ Home Delivery Pharmacy and Accredo (specialty pharmacy services).

Definitions

**Accredo:** A pharmacy that dispenses specialty medications and provides care management services to assist with therapy.

**Brand-Name Drug:** A Prescription Drug that is protected by a patent, supplied by a single company and marketed under the manufacturer’s brand name.

**Coinsurance:** The percentage of charges an Enrollee is required to pay for a Covered Drug.

**Copayment:** The specified charge you are required to pay for a Covered Drug.

**Covered Brand-Name Drug:** Food and Drug Administration-approved Brand-Name Drugs that are available for a Copayment or Coinsurance.

**Covered Drug:** Generic Drugs, Covered Brand-Name Drugs, Specialty Drugs and certain supplies that are covered under the STRS Ohio Prescription Drug Program.

**Deductible:** The dollar amount an Enrollee is required to pay annually for Covered Brand-Name Drugs, including Specialty Brand-Name Drugs, before the plan pays a portion of the Enrollee's cost for these Covered Drugs. Generic Drug costs are not subject to the Deductible.

**Eligible Beneficiary:** An individual who is receiving, or is eligible to receive, a monthly pension benefit payment from STRS Ohio and is officially enrolled in the plan as determined by STRS Ohio. The term “you” or “your” means an Eligible Beneficiary.

**Eligible Dependent:** The Eligible Beneficiary’s spouse, child(ren) or disabled adult child(ren), as described in the STRS Ohio Health Care Program eligibility guidelines, who meets the terms and conditions for coverage under the plan and who is properly enrolled in the plan as determined by STRS Ohio.

**Enrollee:** An Eligible Beneficiary or Eligible Dependent residing in the U.S. or its territories, as determined by STRS Ohio, who has met all conditions of eligibility and has successfully enrolled under this program.

**Enrollee’s Maximum Annual Expense:** The maximum amount an Enrollee pays for covered prescription drug expenses per calendar year, excluding the Deductible and Non-Preferred Pharmacy fees. Once the maximum expense limit is met, the Enrollee pays nothing for Covered Drugs for the remainder of the year.

**Generic Drug:** A Prescription Drug not protected by a patent that is therapeutically equivalent and interchangeable with Brand-Name Drugs having an identical amount of the same active ingredient(s) and is approved by the FDA. These drugs are typically associated with the lowest cost. **Note:** Express Scripts’ Home Delivery Pharmacy only dispenses AB-rated generics, which are generics that have the same active ingredients and clinical results as their brand-name counterparts. You will not receive the generic form of your medication through Express Scripts’ Home Delivery Pharmacy if it is not an AB-rated generic.

**Home Delivery Pharmacy:** An Express Scripts’ mail-order pharmacy that is under contract with STRS Ohio to fill prescriptions by mail for covered persons under this plan.

**Low-Cost Generic Drug Program Medication:** Generic Drugs available for a reduced Copayment through the Home Delivery Pharmacy.

**Maintenance Drug:** A medication that is used for chronic health conditions on an ongoing or long-term basis (e.g., antihypertensive medication taken daily to control high blood pressure).
Non-Preferred Pharmacy: A network retail pharmacy where you can purchase Prescription Drugs for a Copayment/Coinsurance, plus a $10 fee per fill. This fee does not apply to the annual Deductible or the Enrollee’s Maximum Annual Expense.

Out-of-Network Nursing Home Pharmacy: A nursing home pharmacy that is not under contract with Express Scripts.

Out-of-Network Retail Pharmacy: A retail pharmacy that is not under contract with Express Scripts.

Over-the-Counter Drug: Any medical substance that can be purchased without a prescription.

Pending Medicare Status: Period of time when an Eligible Beneficiary or Eligible Dependent’s enrollment into Medicare has not been officially confirmed by the Centers for Medicare and Medicaid Services.

Preferred Pharmacy: A network retail pharmacy where you can purchase Prescription Drugs for a Copayment/Coinsurance. This type of pharmacy offers the highest level of coverage.

Prescription Drug: Any medication, which by federal or state law, may not be dispensed without a prescription from a licensed health care professional authorized to prescribe drugs.

Specialty Drug: Higher cost medications that often include infused, injectable and oral drugs used to treat rare, chronic and/or life-threatening diseases. These drugs often may be difficult to administer; may cause adverse reactions; may require temperature control or other special handling; and/or may have restrictions as determined by the FDA.

Standard (Network) Nursing Home Pharmacy: A nursing home pharmacy that is under contract with Express Scripts.

Standard (Network) Retail Pharmacy: A retail pharmacy that is under contract with Express Scripts.

Covered Drugs and Supplies

Not all drugs and supplies are covered. To be covered, they must appear on the Covered Drug list. The following Covered Drugs and supplies are available with a prescription at standard network retail/nursing home pharmacies and through Express Scripts’ Home Delivery Pharmacy and Accredo:

- FDA-approved pharmaceuticals requiring a written prescription, issued by a licensed physician, dentist, osteopath, podiatrist, optometrist (licensed professionals) or licensed advance practice certified nurse and dispensed by a licensed pharmacist.
- Insulin and diabetic supplies including:
  - Insulin
  - Blood test strips
  - Alcohol prep pads
  - Lancets
  - Insulin needles and syringes
  - Insulin injectors
  - Glucagon emergency kits
  - Blood glucose meter testing solutions
  To obtain coverage for the items listed above, a written prescription from your doctor indicating that the medication or supply item is prescribed for the diagnosis or treatment of your diabetes is required.
- Zostavax® vaccine.
Coverage Features and Financial Responsibilities

Unless otherwise noted, the information in this section applies to all Enrollees.

Deductible
There is a $250 annual Deductible per Enrollee for Covered Brand-Name Drugs, including Specialty Brand-Name Drugs. This means an Enrollee pays the full discounted cost of these drugs until the Deductible is reached. After the Deductible is reached, the Enrollee begins paying the applicable Copayment/Coinsurance for these Covered Drugs. Generic Drug costs are not subject to the Deductible. Note: The Deductible does not apply to Enrollees in the Medical Mutual Health Care Assistance Plan.

Copayments/Coinsurance
Copayments/Coinsurance must be paid at the time the prescription order is submitted. Note: If the cost of the drug is less than the Copayment, you will pay the lower amount. Copayments and Coinsurance are based on the coverage level of your medication. Medication coverage levels are established and updated periodically by a nationally recognized drug pricing and classification source. Medication coverage levels may change without advance notice. When medication coverage levels change, you will be required to pay the applicable Copayment/Coinsurance for the Covered Drug. To confirm a Copayment/Coinsurance amount before you have a prescription filled, call Express Scripts toll-free at 866-685-2792.

Retail Pharmacies
With the appropriate prescription, you can obtain up to a maximum 31-day supply of medication through a retail/nursing home pharmacy. Contact Express Scripts to check the network status of your pharmacy.

- Standard Network Retail/Nursing Home Pharmacies — There are two types of network retail pharmacies: preferred and non-preferred. You can use either type of network pharmacy; however, if you use a Non-Preferred Pharmacy, you will pay a $10 fee per fill in addition to the applicable Copayment/Coinsurance. This fee does not apply to the annual Deductible or the Enrollee’s Maximum Annual Expense. Note: Non-Preferred Pharmacy fees do not apply to Enrollees in the Medical Mutual Health Care Assistance Plan.

When you have your prescriptions filled at a standard network retail/nursing home pharmacy, your Copayment/Coinsurance amounts are as follows:

<table>
<thead>
<tr>
<th>Medical Mutual, Aetna, AultCare and Paramount Plans</th>
<th>Medical Mutual Health Care Assistance Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preferred Pharmacies</strong></td>
<td><strong>Non-Preferred Pharmacies</strong></td>
</tr>
<tr>
<td>Generic: $10</td>
<td>Enrollee pays the Copayment/Coinsurance</td>
</tr>
<tr>
<td>Covered Brand-Name: $30 after Deductible is met</td>
<td>charged at a Preferred Pharmacy, plus a $10 fee per fill</td>
</tr>
<tr>
<td>Specialty: 13% up to a maximum of $550 per fill</td>
<td>Generic: $5</td>
</tr>
<tr>
<td>(after Deductible is met, if applicable)</td>
<td>Covered Brand-Name: $20</td>
</tr>
<tr>
<td></td>
<td>Specialty: $5 for Generic; $20 for</td>
</tr>
<tr>
<td></td>
<td>Covered Brand-Name</td>
</tr>
</tbody>
</table>
• **Out-of-Network U.S. Retail/Nursing Home Pharmacies** — If you obtain your prescriptions from an Out-of-Network Retail Pharmacy, you will pay the full price of the medication at the time of purchase. After completing and submitting a claim form to Express Scripts, along with the prescription receipts, you will be reimbursed the amount STRS Ohio would have paid at a Preferred Network Pharmacy, less the applicable Copayment/Coinsurance. Out-of-Network Retail Pharmacies have not agreed to discounted pricing, so your costs will usually be higher. You must submit claims to Express Scripts within 365 days of the dispensing date to be eligible for reimbursement.

If you obtain your prescriptions at an Out-of-Network Nursing Home Pharmacy, you will pay the full price of the medication at the time of purchase. After completing and submitting a claim form to Express Scripts, along with the prescription receipts, you will be reimbursed 80% of the amount charged for the prescription. You must submit claims to Express Scripts within 365 days of the dispensing date to be eligible for reimbursement.

• **Foreign Pharmacies While Traveling** — If you obtain your prescriptions from a pharmacy outside of the United States or Puerto Rico while traveling, you will pay the full price of the medication at the time of purchase. After completing and submitting a claim form with all the required detail information to Express Scripts, along with the prescription receipts, you will be reimbursed the lowest amount STRS Ohio would have paid at a Preferred Network Pharmacy, less the applicable Copayment/Coinsurance. You must submit claims to Express Scripts within 365 days of the dispensing date to be eligible for reimbursement.

### Mail-Order Pharmacies

• **Home Delivery Pharmacy** — With the appropriate prescription, you can obtain up to a maximum 90-day supply of medication through Express Scripts’ Home Delivery Pharmacy. Copayments/Coinsurance must be paid at the time the order is submitted. Express Scripts will fill the order upon receipt of your prescription from your physician. Once a prescription is received, it cannot be placed “on hold” for a future fill date. Medications will generally be delivered to your home within two weeks from the date Express Scripts receives your prescription order.

**Note:** Under the Low-Cost Generic Drug Program, certain Generic Drugs are available for $9 for up to a maximum 90-day supply. **This program is limited to Express Scripts’ Home Delivery Pharmacy.** The quantities allowed are based on the manufacturer-recommended 90-day supply. A complete listing of Low-Cost Generic Drug Program Medications is available on the STRS Ohio website at www.strsoh.org. Call Express Scripts toll-free at 866-685-2792 with questions.

• **Accredo (Specialty)** — Certain injectable and specialty medications will be dispensed by Express Scripts’ specialty pharmacy provider, Accredo. This service offers medications and supplies for chronic conditions. Examples of medication classes filled at the specialty pharmacy include blood modifiers, growth hormones and immunoglobulins, as well as medications to treat cancer, deep vein thrombosis, Gaucher’s disease, hemophilia, Hepatitis C, multiple sclerosis, psoriasis, pulmonary disease and rheumatoid arthritis. Accredo also offers pharmaceutical care management services designed to provide you with assistance throughout your treatment.

**Specialty medications must be dispensed by Accredo.** With the appropriate prescription, you can obtain up to a maximum 90-day supply of medication; however, many specialty medications will be dispensed in 30-day increments. When your medication is dispensed in 30-day increments, you will pay one-third of the total 90-day Copayment/Coinsurance each month. Medications will be shipped to your home within 24–72 hours of receiving your order.

**Copayment Assistance Program for Specialty Medications.** Select manufacturers offer a copayment assistance support program for some specialty medications. The copayment assistance program will cover the difference in payment for participating specialty medications. Individuals who take a medication included in the copayment assistance program will be notified by letter that they have been enrolled as a participant. The letter provides enrollees with details about how the program works.

**Important note:** It is essential for you to verify your shipping address each time you place a medication order with Express Scripts and Accredo.
When you have your prescriptions filled through the Home Delivery Pharmacy or specialty pharmacy, your Copayment/Coinsurance amounts are as follows:

<table>
<thead>
<tr>
<th>Medical Mutual, Aetna, AultCare and Paramount Plans</th>
<th>Medical Mutual Health Care Assistance Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-Cost Generic Drug Program Medication: $9</td>
<td>Low-Cost Generic Drug Program Medication: $9</td>
</tr>
<tr>
<td>Generic: $25</td>
<td>Generic: $10</td>
</tr>
<tr>
<td>Covered Brand-Name: $75 after Deductible is met</td>
<td>Covered Brand-Name: $40</td>
</tr>
<tr>
<td>Specialty: 13% up to a maximum of $550 per fill</td>
<td>Specialty: $10 for Generic; $40 for</td>
</tr>
<tr>
<td>(after Deductible is met, if applicable)</td>
<td>Covered Brand-Name</td>
</tr>
</tbody>
</table>

**Enrollee’s Maximum Annual Expense**

- **Medical Mutual, Aetna, AultCare and Paramount Plans** — The maximum annual amount an Enrollee will pay for Covered Drugs, excluding the Deductible and Non-Preferred Pharmacy fees, is $5,100. Once an Enrollee has paid a total of $5,100 out-of-pocket in standard (network) retail/nursing home, Home Delivery Pharmacy and Accredo Copayments/Coinsurance for Covered Drugs that were dispensed during the calendar year, that Enrollee will pay nothing for Covered Drugs dispensed during the remainder of the calendar year.

- **Medical Mutual Health Care Assistance Plan** — The maximum annual amount an Enrollee will pay for Covered Drugs is $500. Once an Enrollee has paid a total of $500 out-of-pocket in standard (network) retail/nursing home, Home Delivery Pharmacy and Accredo Copayments/Coinsurance for Covered Drugs that were dispensed during calendar year, that Enrollee pays nothing for Covered Drugs dispensed during the remainder of the calendar year.

**Important note:** Home Delivery Pharmacy and Accredo Copayments/Coinsurance are based on the date the claim is approved for processing, not the date the prescription order is mailed or submitted. If you have reached the maximum annual expense and you place an order in December, your claim must be approved for processing by Dec. 31 to ensure zero payment.

**Limitations**

- Up to a maximum 31-day supply of medication per original prescription or refill, as prescribed by your doctor, may be obtained at one time from a standard (network) retail/nursing home pharmacy.

- Up to a maximum 90-day supply of medication per original prescription or refill, as prescribed by your doctor, may be obtained through Express Scripts’ Home Delivery Pharmacy or Accredo.

- Prescribed medications, especially certain controlled substances, may be subject by law to dispensing limitations and to the professional judgment of the pharmacist.

- Through Express Scripts’ Home Delivery Pharmacy and Accredo, if your doctor prescribes a drug that is available as both a Generic Drug and a Brand-Name Drug, the Generic Drug will be dispensed if allowed by state law unless you or your doctor specifically indicate otherwise.

- Drug manufacturer coupons cannot be used toward Copayment/Coinsurance costs when using Express Scripts’ Home Delivery Pharmacy or a Standard (Network) Retail Pharmacy.
**Exclusions**

Coverage is not provided for:

- Over-the-Counter Drugs;
- Proton pump inhibitors;
- Charges you are not required to pay or charges made only because health care coverage exists (subject to the right, if any, of the U.S. government to recover reasonable and customary charges for care provided in a military or veterans’ hospital);
- Medication for which benefits are payable under workers’ compensation or any occupational disease or similar law, whether such benefits are insured or self-insured;
- Impotency products, except as covered through prior authorization or medical necessity;
- Drugs or supplies that are covered under the medical portion of your health care coverage;
- Durable medical equipment (DME) and other therapeutic devices or appliances;
- Drugs whose FDA-approved indication is to promote or stimulate hair growth regardless of the prescriber’s intended use;
- Drugs whose FDA-approved indication is for cosmetic purposes regardless of the prescriber’s intended use;
- Drugs or medicines lawfully obtainable without a prescription order from a licensed authorized prescriber, except insulin;
- Biological sera, blood or blood plasma and allergy serum (including the administration of these items);
- Any charge for the administration or injection of any drug;
- Any medication that is consumed or administered at the place where it is dispensed;
- Any diagnostic or testing supply (e.g., contrast dyes);
- Any amount of medicine that is more than a 31-day supply filled at the standard (network) retail/nursing home pharmacy or more than a 90-day supply filled through Express Scripts’ Home Delivery Pharmacy or Accredo;
- Drugs that may be received by an Eligible Beneficiary or an Eligible Dependent at no charge under local, state or federal programs;
- Drugs to be taken by or given to an Eligible Beneficiary or an Eligible Dependent while he or she is confined in a hospital;
- Any prescription or refill in excess of the number specified by the licensed professional or applicable law or any refill dispensed after one year from the licensed professional’s original order;
- Drugs prescribed for sickness or injury resulting from war or acts of war;
- Fertility agents when used in conjunction with in vitro fertilization, artificial insemination or embryo transfer procedures;
- Injectable medications that are not self-administered, unless listed as covered (see Covered Drugs and Supplies on Page 4);
- Non-sedating antihistamines;
- Non-FDA approved, experimental, investigational or unproven drugs, or drugs used for a treatment not approved by the FDA, even though a charge is made to the covered person; and
- Compounded preparations.
Prior Authorization

Certain Prescription Drugs need to be preapproved by Express Scripts before they will be a Covered Drug under the STRS Ohio Prescription Drug Program. Drugs subject to prior authorization may cause potentially serious side effects and/or have a high potential for inappropriate use.

Your doctor may initiate the prior authorization process by calling Express Scripts toll-free at 800-417-8164 or by fax at 800-357-9577. If you plan to have your prescription for a prior authorization drug filled at a Standard (Network) Retail Pharmacy, consider completing the prior authorization process before you go to the Standard (Network) Retail Pharmacy. A registered pharmacist working at the Standard (Network) Retail Pharmacy may also initiate or assist in the process.

If approved, your prescription will be filled within any stated plan limits. If the medication is not approved for coverage, you will be responsible for paying the full cost of the drug. However, rejection of coverage may be appealed. To appeal, you or your doctor must follow the procedure outlined in the Appeals section on Page 10.

Refer to the Express Scripts preferred list of medications or call Express Scripts toll-free at 866-685-2792 to determine if a drug is subject to prior authorization.

Quantity Limitations for Covered Drugs

Certain Prescription Drugs are covered up to preset limits. If you request a prescription be filled for a drug that is subject to quantity limitations, such as narcotics, the prescription will be filled up to the preset limits. In some cases, it may be medically necessary for you to exceed the preset limits. In those instances, prior authorization is required. In such cases your doctor should initiate prior authorization by calling Express Scripts’ Prior Authorization Department toll-free at 800-417-8164. If you have questions about quantity limitations, call Express Scripts toll-free at 866-685-2792 or refer to the Express Scripts preferred list of medications to determine if a Covered Drug is subject to quantity limits.

Step Therapy

Certain Prescription Drugs are subject to step therapy review. Step therapy entails trying one or more first-line medications that are less costly but may be as clinically effective, before a second more costly medication will be covered. This practice encourages appropriate sequencing of drug therapy while conserving costs.

If step therapy criteria is not met, prior authorization will be required. Your doctor can initiate the prior authorization process by calling Express Scripts’ Prior Authorization Department toll-free at 800-417-8164. Refer to the Express Scripts preferred list of medications or call Express Scripts toll-free at 866-685-2792 to determine if a drug is subject to step therapy.

Coordination of Benefits

There may be coordination of benefits (COB) between the STRS Ohio Prescription Drug Program and any other prescription drug coverage you may have. You must follow STRS Ohio’s plan requirements including, but not limited to, those relating to prior authorization. The STRS Ohio Prescription Drug Program Deductible must be met before COB provisions apply to Covered Brand-Name Drugs and Specialty Drugs.

For more information about COB under this program, call Express Scripts toll-free at 866-685-2792. Note: The COB provisions of this program shall take precedence over COB provisions of any other plan or prescription drug program in which you participate.
Submitting Paper Claims

Enrollees may submit paper claims directly to Express Scripts for prescription reimbursement. To be eligible for reimbursement, paper claims must be submitted within 365 days of the dispensing date. To request a direct claim form, call Express Scripts toll-free at 866-685-2792 or print a copy from the website at www.express-scripts.com. Be sure to make a copy of all receipts and forms for your records. Mail completed direct claim forms with receipts to:

Express Scripts, Inc.
Attn: Commercial Claims
P.O. Box 14711
Lexington, KY 40512-4711

Appeals

Internal Review
If a claim for a Covered Drug is rejected or a non-covered drug is in question, you may request that Express Scripts reconsider the rejection or non-covered status by requesting an appeal within 45 days after the date you first request coverage. Appeals for coverage of drugs that are not covered under the program (see Exclusions on Page 8) will not be considered. In addition, certain Covered Drugs that are subject to quantity limitations (see Quantity Limitations for Covered Drugs on Page 9) cannot be appealed.

To request an appeal, call Express Scripts toll-free at 866-685-2792. Upon receipt of your request for appeal, Express Scripts will send you a Prescription Claim Appeals Form. You and/or your physician should complete the form and mail or fax it to Express Scripts. Express Scripts’ mailing address and fax number are noted below.

Express Scripts, Inc.
Attn: Clinical Appeals Department
P.O. Box 66588
St. Louis, MO 63166-6588
Fax: 877-852-4070

Upon receipt of your completed Prescription Claim Appeals Form, Express Scripts will conduct an internal review of your appeal request. You will receive written notification of the outcome of Express Scripts’ internal review within 30 days of the date Express Scripts received your completed Prescription Claim Appeals Form. If the original rejection is overturned on appeal and coverage is granted, coverage will be authorized by Express Scripts. If the appeal is rejected for coverage, coverage will not be provided under the STRS Ohio Prescription Drug Program; however, you may obtain the drug on your own at your own expense. A second request for internal review will be honored only if your condition changes and you supply new clinical information that was not available at the time of the original request.

External Review
If your appeal under the internal review process is rejected for coverage based on medical necessity grounds and you do not agree with that decision, you or your doctor (on your behalf) may submit a second request for medical necessity review within 45 days of the internal review denial. Medical necessity reviews are conducted by an external review organization not affiliated with Express Scripts. All available clinical information must be submitted when a request for an external review for medical necessity is made.

You should receive written notification of the outcome of the external review within 30 days of the date Express Scripts receives your request for medical necessity review. If the external review organization overturns the original rejection and coverage is granted, coverage will be authorized by Express Scripts. If the appeal is rejected for coverage, coverage will not be provided under the STRS Ohio Prescription Drug Program; however, you may obtain the drug on your own at your own expense. A second request for external review will be honored only if your condition changes and you supply new clinical information that was not available to your doctor at the time of the original request.

Urgent Appeal Requests
If you or your doctor believe an appeal request is urgent, write “urgent” on the written appeal request. Urgent appeals will be reviewed and a determination should be made within 72 hours of Express Scripts’ receipt of the appeal request.
For information about your prescription drug program, call Express Scripts toll-free at 866-685-2792 or visit www.express-scripts.com.