



Kingsway Regional School District

Prescription Carrier Change

Schools Health Insurance Fund / Express Scripts

Effective 7/1/2019, Kingsway Regional School District will be joining the Schools Health Insurance Fund (SHIF) for Prescription Benefits!

Pharmacy Benefit Manager – Express Scripts

- Express Scripts will be the Pharmacy Benefit Manager under the Schools Health Insurance Fund.
- Member Services - Members can call Express Scripts Member Services at **(800) 467-2006** or visit the website at – www.express-scripts.com.
- Register Your Account - Get the most out of your prescription benefits and set up your account at www.express-scripts.com. (Access ID cards, refill medications, see which medications are covered, etc.)

All Copays Remain the Same

- Retail Copays - \$8 Generic/\$18 Brand
- Mail Order Copays - \$8 Generic/\$8 Brand
- Retail and Mail Order Dispensing Limitation - Up to 90 day supply

Network Considerations

- Walgreen's is not a participating provider.
- Some Rite Aid's are excluded as well as a few "mom and pop" shops.
- CVS, Shop-Rite, Target, Walmart, Acme, and other large box chain pharmacies are in-network.

Mail Order

- For maintenance medications, members should utilize the Express Scripts mail order program. A 90 day supply of your medication will be conveniently delivered to your home. See the attached flyer for options on how to set up your mail order delivery or contact Express Scripts at **877.603.1032** to get started.
- If possible, obtain a 90-day fill prior to the transition (7/1/2019) so that you have a supply on hand as you set up your new mail order program.

Specialty Medications

- Specialty Medications require special handling, careful administration, and ongoing patient care management. Specialty Medication's must be ordered through the Express Scripts specialty pharmacy provider, Accredo.
- To get started, visit the Accredo website at www.accredo.com or contact them at **1-877-ACCREDO (222-7336)**. Please see the attached flyer for additional details about Accredo.

Prior Authorization

- Prior authorization is a program that monitors certain prescription drugs to assure that the medication you are prescribed is the most safe and effective for your diagnosis. Similar to healthcare plans that approve a medical procedure before it's done to ensure the necessity of the test, if you're prescribed a certain medication, that drug may need a "prior authorization." This program makes sure you're getting a prescription that is suitable for the intended use and covered by your pharmacy benefit. For further details, please see the attached FAQ.
- **PLEASE NOTE** - Your current prior authorizations will not transfer. You/your dependents will need to get new prior authorizations under Express Scripts beginning on July 1st.

Formulary Considerations

- Formularies vary from one pharmacy benefit manager to another. Under Express Scripts, some drugs are excluded, but there are FDA approved alternatives for all excluded drugs.
- If members have already tried the approved alternative and had an adverse reaction, they can have their provider file an appeal to prove medical necessity to remain on their existing drug.
- Members who have a drug denied due to a formulary restriction can contact the Beneservice team for assistance at **800-563-9929**. Beneservice can assist the member in working with the SHIF to get approval for a one-time 30 day courtesy fill if needed.
- **Be proactive!** Check out the attached Express Scripts formulary prior to the **7/1/2019** change. If your prescription is listed as a formulary exclusion, speak to your doctor now about the approved alternative.

Transition Information

- Members will automatically be moved over to the new prescription coverage. Only those wishing to make a change in their current coverage (add/remove dependents; elect/terminate coverage) - need to complete an enrollment form (during open enrollment).
- New member ID cards will be mailed prior to July 1, 2019.