



# Welcome to Magellan Rx Management

Magellan Rx Management provides a wide range of prescription benefit programs that emphasize quality and cost-effective healthcare solutions, driven to help you and your family live healthy, vibrant lives. To fill your prescription needs, we offer a robust pharmacy network with major chains, regional pharmacies and independent stores. We encourage you to review these materials to educate yourself about your pharmacy benefit program. Understanding how your program works will help you get the most out of your benefit.

If you have any questions regarding your prescription benefit program, you can use the Kronos Self Service website at <https://ufhkronos.centflhealth.org/wfc/logon> or call your human resources department at one of the following numbers:

- Last Names A-F: 352.323.5574
- Last Names G-O: 352.323.4147
- Last Names P-Z: 352.323.4143

## Maximizing Your Benefits

### Generic Medications

Generic medications provide quality, cost-effective alternatives to brand medications. One or more of your prescriptions may be filled with a pharmaceutically equivalent generic product. We use generic equivalents, whenever possible, in order to reduce costs to you, your Plan and the healthcare system — unless otherwise directed by your physician. You may request a brand-name medication by notifying us on your prescription order. The brand-name product may be subject to a higher cost or copay as determined by your Plan.

### Over-the-Counter (OTC) Products

Some brand-name drugs previously available by prescription-only are now available over-the-counter (OTC). For example, drugs such as Claritin®, Prevacid® 24HR, Prilosec OTC®, and Zyrtec® no longer require a prescription and are the same strength as their prescription versions. In consultation with your physician, consider an OTC product as it may be a lower cost option to treat your condition. If your Plan provides OTC coverage, you may be eligible for additional benefits.

## Online Tools at [ufhcf.magellanrx.com](http://ufhcf.magellanrx.com)

Beginning July 1, 2020, you can use our secure online member portal to access:

- Easy-to-use tools that allow you to view, refill, renew and transfer prescriptions
- Drug formulary and lookup tools
- Trusted drug and health condition information and education
- Real-time benefit information
- Access to view and download pharmacy claims
- A participating pharmacy locator tool
- Downloadable claim and mail service forms
- Drug recall communications

## Prescription Plan Summary

| Benefit Description   | PPO PLAN  |                              |                                 | CDHP                        |                              |                                 |
|---|---|------------------------------|---------------------------------|-----------------------------|------------------------------|---------------------------------|
|   | Tier 1<br>CFH   | Tier 2<br>Optum<br>Providers | Tier 3<br>Non-<br>Participating | Tier 1<br>CFH               | Tier 2<br>Optum<br>Providers | Tier 3<br>Non-<br>Participating |
|   | Copays begin AFTER plan year deductible has been met. |                              |                                 |                             |                              |                                 |
| <b>Pharmacy</b>   |   |                              |                                 |                             |                              |                                 |
| <b>Out-of-Pocket Limit Individual</b>   | \$1,450   |                              | No Limit                        | Integrated with Medical OOP |                              | No Limit                        |
| <b>Out-of-Pocket Limit Family</b>   | \$2,900   |                              | No Limit                        | Integrated with Medical OOP |                              | No Limit                        |
| <b>Retail</b>   | CFH   | Non-CFH                      |                                 | CFH                         | Non-CFH                      |                                 |
| <b>Preferred Generics</b><br>These are only available at our in-house CFH Pharmacy.   | \$5   | N/A                          | Not Covered                     | \$5                         | N/A                          | Not Covered                     |
| <b>Generic</b>  | \$10  | \$20                         | Not Covered                     | \$10                        | \$20                         | Not Covered                     |
| <b>Formulary</b>  | \$40  | \$50                         | Not Covered                     | \$40                        | \$50                         | Not Covered                     |
| <b>Non-Formulary</b>  | \$85  | \$95                         | Not Covered                     | \$85                        | \$95                         | Not Covered                     |
| <b>Specialty Pharmacy<sup>2</sup></b><br>Check with CFH Pharmacy before going outside CFH for your specialty fill, or the result will be no coverage. | 10% up to \$200 <sup>1</sup>                          | 10% up to \$200              | Not Covered                     | 10% up to \$200             | 10% up to \$200              | Not Covered                     |
| <b>90-Day Supply</b>  | Retail  | Mail Order                   |                                 | Retail                      | Mail Order                   |                                 |
| <b>Preferred Generics</b>   | \$12  | N/A                          | Not Covered                     | \$12                        | N/A                          | Not Covered                     |
| <b>Generic</b>  | \$25  | \$50                         | Not Covered                     | \$25                        | \$50                         | Not Covered                     |
| <b>Formulary</b>  | \$100   | \$125                        | Not Covered                     | \$87                        | \$125                        | Not Covered                     |
| <b>Non-Formulary</b>  | \$212   | \$237                        | Not Covered                     | \$212                       | \$237                        | Not Covered                     |

<sup>1</sup> Except for a specific list of drugs that will be available at CFH pharmacy for a \$100 copay

<sup>2</sup> Must go to in house pharmacy for direction on whether it will be filled internally or directed to provider; failure to follow this process will result in no coverage for Specialty Drugs Data Sources

Smoking Cessation & Smoking Deterrent Prescriptions: This coverage is available to team members and their eligible dependents, with a \$200 lifetime maximum, no copay or deductible applies.



## Additional Requirements and Coverage Limits

Your Plan may have additional requirements for coverage or limits for select prescription medications. These requirements and limits ensure that members use these medications in the most effective way and also help the Plan control medication costs. A team of practicing physicians and pharmacists developed these requirements and limits to help your Plan provide quality coverage to members.

- **Prior Authorization:** Your prescription benefit program may have a prior authorization process for certain medications. Prior authorization is a requirement that your physician obtain approval from your Plan to prescribe a specific medication for you. Without this prior approval, your Plan may not provide coverage for your medication. If your physician prescribes a medication requiring a prior authorization, you will need to go through a prior authorization process. No new approvals will be needed for July 1 as Magellan Rx will be receiving all current prior authorizations.
- **Quantity Limits:** For certain medications, your Plan may limit the amount of the medication that will be covered per prescription or for a defined period of time. For example, your Plan may provide up to 30 units per 30-day period for a formulary medication.
- **Step Therapy:** In some cases, your Plan requires you to first try one medication to treat your medical condition before it will cover another medication for that condition. For example, if Drug A and Drug B both treat your medical condition, your Plan may require your physician to prescribe Drug A first. If Drug A does not work for you, then your Plan will cover Drug B. Your current step therapy requirements will remain in place with Magellan Rx.

You can find out if the medication you take is subject to these or other additional requirements or limits by reviewing the current formulary on [magellanrx.com](http://magellanrx.com) or by calling your human resources department.



# 2020 Precision Quick Reference Formulary



## Most Commonly Prescribed Medications

The Precision Quick Reference Formulary is intended to provide a list of commonly prescribed drugs that are covered. This is not an all-inclusive list, the formulary covers many more drugs. On the Quick Reference, generic drugs are listed in lower case italics, and brand drugs are listed in CAPS. Remember, if a generic drug from the formulary is prescribed, the copay may be less than if a brand drug is prescribed. If the drug has step therapy or prior authorization on the formulary at the time of publishing, it is indicated below with a star (\*). There are other safety edits that are not listed because of the abbreviated nature of this document. Individual plan designs may also change coverage of products listed. To see the complete listing of covered products please visit [magellanrx.com](http://magellanrx.com).

Drugs are listed alphabetically.

|                       |                                      |                                |                         |                                 |
|-----------------------|--------------------------------------|--------------------------------|-------------------------|---------------------------------|
| ACCU-SOFT TOUCH       | CREON                                | INCRUSE ELLIPTA                | omeprazole              | spironolactone                  |
| ACCU-CHECK SOFTCLIX   | cyclobenzaprine hcl                  | INVOKAMET XR*                  | ondansetron hcl         | STIOLTO                         |
| acetaminophen-codeine | DEXILANT*                            | INVOKAMET*                     | ondansetron odt         | sumatriptan succinate           |
| acyclovir             | dextroamphetamine-<br>amphetamine er | INVOKANA*                      | ONETOUCH                | SYMBICORT                       |
| ADVAIR DISKUS         | diazepam                             | JANUMET XR*                    | oxycodone hcl           | SYMPROIC*                       |
| ADVAIR HFA            | DUAVER                               | JANUMET*                       | oxycodone-acetaminophen | SYNJARDY XR*                    |
| AIMOVIC*              | duloxetine hcl                       | JANUVIA*                       | OZEMPIC*                | SYNJARDY*                       |
| allopurinol           | DYMISTA                              | JARDIANCE*                     | pantoprazole sodium     | tamsulosin hcl                  |
| ALPHAGAN P            | ELIQUIS                              | JENTADUETO/XR*                 | paroxetine hcl          | testosterone cypionate          |
| alprazolam            | EMBEDA*                              | lamotrigine                    | PAZEO                   | tizanidine hcl                  |
| amitriptyline hcl     | EMGALITY*                            | LANTUS                         | potassium chloride      | topiramate                      |
| amlodipine besylate   | EMVERM*                              | LANTUS SOLOSTAR                | PRADAXA                 | TOUJEO MAX SOLOSTAR             |
| ANDRODERM*            | ENDOMETRIN                           | levothyroxine sodium           | pravastatin sodium      | TOUJEO SOLOSTAR                 |
| ANORO ELLIPTA         | ENTRESTO                             | LINZESS*                       | PREMARIN                | TRADJENTA*                      |
| APRISO                | escitalopram oxalate                 | lisinopril                     | PREMARIN VAGINAL CREAM  | tramadol hcl                    |
| aripiprazole          | estradiol                            | lisinopril-hydrochlorothiazide | PREMPHASE               | TRAVATAN Z                      |
| ARNUITY ELLIPTA       | EUCRISA*                             | lorazepam                      | PREMPRO                 | trazodone hcl                   |
| atenolol              | fenofibrate                          | losartan potassium             | PROAIR HFA              | TRELEGY                         |
| atorvastatin calcium  | FLOVENT DISK                         | losartan-hydrochlorothiazide   | PROAIR RESPICLICK       | tretinoin                       |
| AZOPT                 | FLOVENT HFA                          | LUMIGAN                        | progesterone            | triamcinolone acetonide         |
| BREO ELLIPTA          | fluoxetine hcl                       | meloxicam                      | PROLENSA                | triamterene-hydrochlorothiazide |
| BRILINTA              | fluticasone propionate               | metformin hcl                  | propranolol hcl         | TRULICITY*                      |
| bupropion hcl sr      | FREESTYLE LIBRE                      | metformin hcl er               | PULMICORT FLEXHALER     | valacyclovir                    |
| bupropion xl          | furosemide                           | methocarbamol                  | PYLERA*                 | venlafaxine hcl er              |
| bupropion hcl         | gabapentin                           | methotrexate                   | quetiapine fumarate     | VENTOLIN HFA                    |
| BYDUREON/BCise*       | glimepiride                          | methylphenidate er             | RANEXA                  | VICTOZA*                        |
| BYDUREON PEN*         | glipizide er                         | methylprednisolone             | ranitidine hcl          | VYVANSE                         |
| BYETTA*               | GLUCAGON                             | metoprolol succinate           | RAPAFLO                 | warfarin sodium                 |
| BYSTOLIC              | GLYXAMBI*                            | metoprolol tartrate            | RESTASIS MULTIDOSE*     | XARELTO                         |
| BYVALSON              | HUMALOG                              | MIRVASO                        | RESTASIS*               | XARELTO STARTER PACK            |
| carvedilol            | HUMALOG JR                           | montelukast sodium             | RHOPRESSA               | XELPROS                         |
| celecoxib             | HUMALOG KWIK                         | MOXEZA                         | ROCKLATAN*              | XIIDRA*                         |
| CIPRODEX              | HUMALOG MIX                          | MYRBETRIQ                      | rosuvastatin calcium    | ZENPEP                          |
| citalopram hbr        | HUMULIN                              | naproxen                       | SEREVENT DISKUS         | zolidem tartrate                |
| CLIMARA PRO           | HUMULIN N                            | NARCAN                         | sertraline hcl          | ZUBSOLV*                        |
| clonazepam            | HUMULIN R                            | NATAZIA                        | sildenafil*             |                                 |
| clonidine hcl         | hydrochlorothiazide                  | NOVOFINE                       | SIMBRINZA               |                                 |
| clopidogrel           | hydrocodone-acetaminophen            | NOVOFINE AUT                   | simvastatin             |                                 |
| COLCRYS               | hydroxyzine hcl                      | NOVOFINE PLS                   | SOLIQUA*                |                                 |
| COMBIGAN              | ibuprofen                            | NOVOTWIST                      | SOOLANTRA               |                                 |
| COMBIVENT             |                                      | ORILISSA*                      | SPIRIVA/RESPIMAT        |                                 |

## Updated 10/2019, Effective 1/2020

Note: This is a partial list of medications that changes periodically. To ensure you have the most current version of the formulary, visit [magellanrx.com](http://magellanrx.com). Inclusion of a medication on this formulary is not a guarantee of coverage. Please refer to your plan of benefits for coverage limitations and exclusions. Not all benefits plans in all states are subject to quantity limits. For details regarding quantity limits for your particular benefits plan, contact Customer Service at the telephone number listed on your identification card.

## Key

|                                  |                                  |
|----------------------------------|----------------------------------|
| Generic Medications              | Listed in all lower-case letters |
| Preferred Brand Name Medications | Listed in all upper-case letters |
| Medications requiring ST or PA   | Listed with an asterisk (*)      |