

# Your Pharmacy Plan

## Pharmacy Coverage copays are as follows:

### Rx COPAYMENTS - PPO medical plan (Retail 30-day Supply)

Tier 1	Generic	\$10
Tier 2	Name Brand	\$30
Tier 3	Non-formulary	\$55

*\*\*Non-preferred pharmacies are CVS, Target, Walgreen's, and Rite-Aid. All other pharmacies are considered preferred.*

## Pharmacy Benefits Partner

**VeracityRx will oversee and manage your pharmacy benefits.** As your benefits partner, VeracityRx will handle all claims and customer service functions including Specialty and Personal Importation pharmacy fulfillment.

## Where You Can Fill Prescriptions

Your plan uses a preferred/non-preferred pharmacy network, so virtually any pharmacy can fill your prescription(s). \*If you choose to go to a non-preferred pharmacy, you will have a higher copay. Non-preferred pharmacies are CVS, Target, Walgreen's, and Rite-Aid. \*Specialty Medications are excluded from the plan (see page 13 regarding available assistance).

## How to Connect

- You can reach VeracityRx 24 hours a day, 7 days a week – they're always available to take your call, even on holidays.
  - Locate a network pharmacy
  - Understand your pharmacy benefit
  - Get prior authorization information
- Call 888-388-8228

## Member Portal Access and Benefits Management

- Register for your member portal access:
  - Register at: <https://veracity.procarerx.com>
    - *Note: To access the secured portal listed above, the full web address must include **https://***
- Use your online account to:
  - Access and/or restrict profile viewing by other family members
  - Review your prescription claims history or individual prescriptions
  - Look up a drug to identify formulary status and preferred alternatives
  - Locate pharmacies within a zip code, state, city, or county



# Prescription Coverage Overview

## VeracityRx

Here's a few ways our Pharmacy program strives to save members money.

### Go Generic and Save

- When you choose the generic prescription versus the brand name Rx, you can save on your member cost/copay. *For example, if your physician prescribes the name brand "Norvasc" to manage your blood pressure, choose the generic form amlodipine and save yourself and the plan money.*

### Avoid High-Cost Pharmacies

- **Effective January 1, 2023**, the following pharmacies are considered **Non-Preferred**: CVS, Target, Walgreen's, and Rite-Aid. *Please note that Non-Preferred pharmacies have a higher copay.*
  - **Preferred Pharmacies:** All independent pharmacies and grocery stores are considered preferred.

### Get your 90-day prescription filled right at your favorite preferred pharmacy

- You can elect to get a 90-day fill using your local pharmacy. *This benefit is not available via mail order.*

### Specialty Pharmacy Services

- **Specialty Medications**
  - Specialty Medications are EXCLUDED from the plan. When you have been prescribed a Specialty Drug be sure to go to [www.veracity-rx.com](http://www.veracity-rx.com) and enroll. A Veracity-Rx pharmacist will be in touch and will work closely with you and/or covered family members who are taking a specialty Rx. With this program, the Veracity-Rx team member will pursue getting the medication covered through patient assistance. In most cases, members will qualify for free medication which saves you and the college a lot of money. These particular medications can cost anywhere from \$80,000 to \$500,000 and up. If you choose not to participate in the Veracity-Rx Specialty pharmacy program, you will be responsible for the full cost of the medication.
- **Personal Importation Medications**
  - When you have been prescribed a drug that can be attained by the Veracity-Rx pharmacy benefit provider in Canada you will no longer have a copay, the medication is mailed directly to your home and often is available in 90-day fills; and Centenary will save at least 50% on the cost of the medication. Many of these medications cost \$1000 a month for the college, so if we can reduce that cost, we all benefit. It is important to point out these medications are exactly the same medications you get in the U.S. If you are prescribed a medication on the International list, please enroll at [www.veracity-rx.com](http://www.veracity-rx.com) immediately. A Veracity-Rx team member will be in touch with you and walk you through the next steps.

**Note:** *Some drugs require a pre-authorization. Even if you have obtained a pre-authorization with the current plan, you may have to obtain an updated one for the new plan.*

# Specialty Medications

## Specialty Medications

Assistance in obtaining your specialty medications is available through VeracityRx Specialty Pharmacy Services. A Pharmacy Specialist, who is a registered pharmacist, will work with you as an advocate. Their team works closely with you (and/or covered family members who are taking a specialty medication) and with the specialty medication manufacturer, the prescriber, and other entities to maintain the prescriptions while alleviating the financial burden.

- To participate in this program, you will be required to submit certain documentation. These documents typically include:
  - Signed copy of most recent federal tax return.
  - Front and back copy of medical insurance card.

Please allow a member of our Pharmacy Specialty team to **take the lead in discussions with the drug manufacturer or their various foundations that offer assistance**. As your pharmacy specialist and patient advocate, we are here to work on your behalf. If you or your covered dependent are currently taking a medication affected by these changes, please enroll at [www.veracity-rx.com](http://www.veracity-rx.com). Following your enrollment, a member of the team will contact you.

*If you choose not to participate in this program, you will be responsible for the **full cost of the medication**. This cost will **not** apply to your deductible or out of pocket accumulators.*

**To begin the process, log onto the website below to complete the “Enrollment Form”.**

### VeracityRx Specialty Pharmacy Contact Information:

Enroll at: [www.veracity-rx.com](http://www.veracity-rx.com)

*\*List is only a sample of the top specialty drugs and is subject to change without notice. Additional specialty drugs can be pursued beyond this list.*

Specialty Drugs	
Drug	Drug
Actemra	Orencia
Adempas	Otezla
Afinitor	Pulmozyme
Aubagio	Rebif
Avonex	Revlimid
Benlysta	Simponi
Cimzia	Skyrizi
Cosentyx	Sprycel
Dupixent	Stelara
Enbrel	Strensiq
Envarsus XR	Sutent
Firazyr	Tagrisso
Genotropin	Taltz
Gilenya	Tobi Podhaler
Haegarda	Tyvaso
Humatrope	Vimpat
Humira	Vumerity
Humira CF	Xeljanz
Ibrance	Xeljanz XR
Kuvan	Xtandi
Norditropin AQ	Opsumit
Opsumit	

### Specialty & International Medications

Need help: [help@veracity-rx.com](mailto:help@veracity-rx.com)

Helpline: 678-529-6716

# Personal Importation Medications

## Personal Importation Medications

*Note: The international medications process differs slightly from the specialty*

### Enrollment Process:

- Step 1:** Please check the list below of **commonly prescribed medications that can be sourced internationally** (from Canada).
- Step 2:** If you or a covered member of your household are on any of the drugs listed, please start by going to [www.veracity-rx.com](http://www.veracity-rx.com) and completing the “**Enrollment Form**”.
- Step 3:** Be on the lookout for an email from a VeracityRx Personal Importation Team member with next steps.
- Step 4:** Contact your healthcare provider to have a new prescription sent into our pharmacy partner.  
*\*Instructions will be included in email on how to send in new prescription.*

International Drugs					
Drug	Strength	Form	Drug	Strength	Form
Advair Inhaler	125/25mcg	Inhaler	Omnaris	50 mcg	Nasal Spray
Anoro Ellipta	62.5/25 mcg	Inhaler	Ozempic	0.25/0.5 mg	Pen
Apidra	100 Units/ml	Vial	Ozempic	1 mg	Pen
Apidra Solostar	100 Units/ml	Pen	Prezcobix	800/150 mg	Tablets
Arnuity Ellipta	100mg	Inhaler	Qvar	5 mcg	Inhaler
Arnuity Ellipta	200mg	Inhaler	Rexulti	4 mg	Tablets
Atripia	600/200/300 mg	Tablets	Rybelsus	3mg	Tablets
Basaglar Kwikpen		Pen	Rybelsus	7mg	Tablets
Biktarvy	50/200/25 mg	Tablets	Rybelsus	14mg	Tablets
Breo Ellipta	100/25 mcg	Inhaler	Silenor	3 mg	Tablets
Breo Ellipta	200/25 mcg	Inhaler	Silenor	6 mg	Tablets
Combivent Respimat	20/100 mcg	Inhaler	Skyrizi	75mg/0.83 ml	Syringe
Descovy	200/25 mg	Tablets	Spiriva Respimat	2.5 mcg	Inhaler
Dulera	100/5 mcg	Inhaler	Symbicort	100/6 mcg	Inhaler
Eliquis	2.5 mg	Tablets	Symbicort	200/6 mcg	Inhaler
Eliquis	5 mg	Tablets	Tivicay	10 mg	Tablets
Entresto	24/26 mg	Tablets	Tivicay	25 mg	Tablets
Entresto	49/51mg	Tablets	Tivicay	50 mg	Tablets
Farxiga	5mg	Tablets	Toujeo Solostar	300 Units/ ml	Pen
Farxiga	10mg	Tablets	Tradjenta	5 mg	Tablets
Fiasp	100Units/ml	Vial	Trelegy Ellipta	92/55/22 mcg	Inhaler
Fiasp	100Units/ml	Pen	Tresiba	100 Units	Pen
Flovent HFA	125 mcg	Inhaler	Tresiba	200 Units	Pen
Invokana	100 mg	Tablets	Trintellix	5 mg	Tablets
Invokana	300 mg	Tablets	Trintellix	10 mg	Tablets
Invokamet	1000/150 mg	Tablets	Trintellix	20 mg	Tablets
Isentress	400 mg	Tablets	Trulicity	0.75mg/0.5 ml	Pen
Janumet	50/1000 mg	Tablets	Trulicity	1.5mg/0.5 ml	Pen
Janumet XR	100/1000 mg	Tablets	Truvada	200/300 mg	Tablets
Januvia	25 mg	Tablets	Vemlidy	25mg	Tablets
Januvia	50 mg	Tablets	Viberzi	75 mg	Tablets
Januvia	100 mg	Tablets	Viberzi	100 mg	Tablets
Jardiance	10 mg	Tablets	Victoza	18mg/3 ml	Pen
Jardiance	25 mg	Tablets	Xarelto	20 mg	Tablets
Juluca	50/25 mg	Tablets			
Levemir Flextouch	100 Units/ml	Pen			

*\*List is only a sample of the top international drugs and is subject to change without notice. Additional international drugs can be pursued beyond this list.*

# Prescription Coverage FAQs

## Frequently Asked Questions

Pharmacy FAQs	Pharmacy Benefits
<b>Who is my Pharmacy Benefit Provider?</b>	VeracityRx is your Pharmacy Benefits Partner working in conjunction with ProCare Rx as the PBM.
<b>Are there preferred or non-preferred pharmacies?</b>	There are a few pharmacies that are considered <i>non-preferred</i> . They are CVS, Walgreen's, Target, and Rite Aid. All other independent pharmacies are considered preferred. We encourage grocery store chains, locally owned neighborhood pharmacies and Costco as your lowest cost options.
<b>Where can I fill my prescriptions?</b>	Virtually any pharmacy can fill your prescription(s)*. <i>*Specialty drugs can only be fulfilled through VeracityRx Specialty Pharmacy Services.</i>
<b>Can I get a 90-day supply?</b>	A 90-day supply is available at any retail pharmacy provider. Excludes Specialty drugs.
<b>What happens when you fill a brand drug when a generic is available?</b>	If you request a brand name drug when a generic of the same medication is available, you will be responsible for your copay as well as the difference in cost between the generic product and the brand name product. Please note that the copay will never be greater than the cost of the brand itself.
<b>Where can I fill my specialty and personal importation prescriptions?</b>	Our Specialty Pharmacy Services can help you obtain your specialty and personal importation drugs at the lowest possible cost for you and the company. Go to: <a href="http://www.veracity-rx.com">www.veracity-rx.com</a> to get started!

### Common drug exclusions

The plan does not cover certain items. Some exclusions may include:

- Over the counter (OTC) medications or their equivalents, including certain Proton Pump Inhibitors (PPI) or allergy medications, such as Prevacid, Prilosec, Nexium, Zyrtec, Allegra, and Claritin
- Drug products used for cosmetic purposes
- Vitamins and minerals (except prenatal vitamins)
- Experimental drug products, or any drug used in an experimental manner

# Member Quick Reference Guide



## Pharmacy Benefit Provider

VERACITYRX

Phone: 888-388-8228

### When to Call:

- To locate a pharmacy
- To ask a benefit question
- To get information on prior authorizations
- To get help when you are at the pharmacy and a drug is denied



## 90-Day Prescriptions

MAINTENANCE DRUGS

### At Retail:

Preferred Pharmacies Only



## Specialty Medications

HIGH-COST DRUGS

Enroll at [www.veracity-rx.com](http://www.veracity-rx.com) and a VeracityRx Pharmacist Concierge will be in touch



## Retail Pharmacy Network

PREFERRED PHARMACIES

### Advantages:

- Lower Copays on Generic Prescriptions

### Which are Preferred?

Grocery stores such as Kroger, Publix, Sam's Club, Costco, Wal-Mart, Winn-Dixie and locally-owned neighborhood pharmacies. *Basically any pharmacy EXCEPT those that are non-preferred.*

NON-PREFERRED PHARMACIES

### Disadvantages:

- Higher Copays on Generic Prescriptions

### Which are Non-Preferred?

CVS, Walgreens, Rite-Aid, and Target

Pharmacy contact information can be found on the back of your EBMS/CIGNA medical ID card. If you have questions regarding your plan benefits, please contact: VeracityRx at 888-388-8228