

# SCAN Health Plan® members can save money on most prescriptions by switching to a **SCAN Preferred pharmacy.**

- > Tier 1: \$0 copay for most members at Preferred pharmacies
- > Tiers 2, 3 & 4: Approximately \$5 less per prescription compared to Standard pharmacies

## How to help your SCAN member switch pharmacies:

1. Call the desired Preferred pharmacy to request a prescription transfer.
2. Provide the member's name, date of birth, medication and name and phone number of the current Standard pharmacy.
3. The Preferred pharmacy will contact the current pharmacy to get the information needed to fill the prescription.

Preferred	Standard
Walgreens Rite Aid Walmart Costco Ralphs Safeway Albertsons Express Scripts Home Delivery Select independent pharmacies	CVS (including those in Target stores) Kroger Medicine Shoppe Select independent pharmacies

## SCAN members can also save money with our 90-day discount at both Preferred and Standard pharmacies.

- > Tiers 1 & 2: Three months' supply for two copays
- > Tiers 3 & 4: \$10 off three copays
- > Members who receive "Extra Help" from Medicare (low-income subsidy 1-3) pay the same copay for a 90-day supply as they do for a 30-day supply

SCAN Member Services can be reached at 800-559-3500 (TTY: 711).



## Adherence Medications on the SCAN Formulary

Most SCAN members who fill their medications at a Preferred pharmacy will pay \$0 for tier 1 medications.

	<b>Tier 1</b> (Preferred Generics)	<b>Tier 2</b> (Generics)	<b>Tier 3</b> (Preferred Brands)
<b>Diabetes</b>	Glimepiride, glipizide, glipizide ER, metformin, metformin ER, pioglitazone	Glimepiride & pioglitazone <sup>3</sup> , glipizide & metformin, nateglinide, pioglitazone & metformin, repaglinide	Bydureon <sup>®1</sup> , Byetta <sup>®1</sup> , Farxiga <sup>®2</sup> , Invokamet <sup>®2</sup> , Invokamet <sup>®</sup> XR <sup>2</sup> , Invokana <sup>®2</sup> , Janumet <sup>®</sup> , Janumet <sup>®</sup> XR, Januvia <sup>®</sup> , Kombiglyze <sup>®</sup> XR, Onglyza <sup>®</sup> , Victoza <sup>®1</sup> , Xigduo <sup>®</sup> XR <sup>2</sup>
<b>Hypertension</b>	Amlodipine & benazepril, benazepril*, captopril*, enalapril*, fosinopril*, irbesartan*, lisinopril*, losartan*, moexipril*, perindopril, quinapril*, ramipril, trandolapril, valsartan*	Olmesartan & amlodipine <sup>2</sup> , valsartan & amlodipine, valsartan & amlodipine & HCTZ <sup>2</sup>	Olmesartan <sup>*2</sup> , Tekturba <sup>®*2</sup>
<b>Cholesterol</b>	Atorvastatin, lovastatin, pravastatin, simvastatin	Amlodipine & atorvastatin, rosuvastatin <sup>2</sup>	
1 = prior authorization, 2 = step therapy, 3 = quantity limit * Drugs that are also available in combination with HCTZ.			