



# Catamaran Pharmacy Plan Overview



Catamaran is the administrator of the County's Co-insurance pharmacy benefit plan for those enrolled in the Cigna HMO or UnitedHealthcare PPO medical plans only.

## **Co-Insurance Plan**

This is a multi-tiered plan in which different co-insurance (percentage of the cost) is charged based on the drug classification. The plan covers generic, preferred brand name and non-preferred brand name medications and uses a Preferred Drug List (PDL).

The plan requires maintenance medications to be filled in 90-day quantities after two 30-day fills at a retail pharmacy. The 90-day fills are available through Catamaran's network of retail pharmacies and through Catamaran's Home Delivery.

## **Retail Pharmacy**

The retail network of pharmacies is available for prescriptions you need right away or for the first two fills of maintenance medications. You may obtain up to a **30-day supply** of medication. You have more than 62,000 retail pharmacies to choose from nationwide including Walgreens, CVS, Albertson's, Sam's Club, Target, Fry's, Safeway and Wal-Mart, to name just a few. To locate the nearest retail pharmacy, access the [www.mycatamaranrx.com](http://www.mycatamaranrx.com) website or call Catamaran's Member Services at 866-312-1597.

## **Catamaran Home Delivery**

When you need a maintenance medication you may order up to a **90-day supply** of the medication through Catamaran Home Delivery. Ask your physician for a new prescription that will allow you to obtain up to a 90-day supply of the medication at one time.

A **90-day supply** of maintenance medication may also be purchased at an Advantage 90 retail pharmacy. An Advantage 90 retail pharmacy is a pharmacy that has agreed to a negotiated rate when dispensing a 90-day supply.

## **Prescription ID Card**

Present your prescription ID card every time you have a prescription filled. Your group number is 512229. The employee's and all covered dependents' names and person codes are displayed on the ID card. If you have not received your ID card or you do not have the card with you, the pharmacy can contact Catamaran Member Services at 866-312-1597. Your ID number is your County employee ID number (starting with 81). If you are not yet in the Catamaran system, you will need to pay out-of-pocket for your prescription and submit a reimbursement request to Catamaran.



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## Questions & Answers

### **Q. What should I do if I want to begin using Catamaran Home Delivery?**

**A.** New members should receive a packet in the mail containing their new Catamaran prescription ID cards. The packet also contains a mail order registration form. Complete the form and send it to Catamaran Home Delivery along with a prescription written for at least a 90-day supply.

### **Q. What do I do if the pharmacy says I'm not showing as covered under the Catamaran Pharmacy benefit plan when I request my prescription be filled?**

**A.** If the prescription does not process for any reason, you should call Catamaran's Member Services at 866-312-1597. If there is an eligibility issue, you will be referred to the Maricopa County Employee Benefits Division at 602-506-1010. Benefit representatives are available to assist you 8 AM – 5 PM, Monday – Friday. Eligibility updates to the vendor systems takes approximately 2-3 weeks from the time that you make your benefit elections in the ADP Benefit Enrollment System. If your eligibility issue cannot be resolved immediately and you need the medication right away, you should pay for it and then request reimbursement by completing a Member Prescription Claim Reimbursement Form, which you can find on the Maricopa County Benefit Home Page at [www.maricopa.gov/benefits](http://www.maricopa.gov/benefits) under the "Pharmacy" tab.

### **Q. How do I request additional ID cards?**

**A.** Call Catamaran Member Services at 866-312-1597 to request additional ID cards. If you need more than two additional ID cards, please advise the member services representative at the time of your request.

### **Q. How do I coordinate a Clinical Prior Authorization?**

**A.** Clinical Prior Authorizations can be initiated by contacting Catamaran's Clinical Prior Authorization Department at 877-665-6609. Either you or the prescribing physician may call. Please have the information listed below available when initiating your request for prior authorization:

- Name of Your Medication
- Prescribing Physician's Name
- Prescribing Physician's Fax Number, if available
- Catamaran Member ID Number (from your Catamaran ID Card)
- Maricopa County Group Number: **512229**