

## EpiPen and EpiPen Jr

Description	EpiPen and EpiPen Jr are pen-like auto-injectors for the emergency treatment of life-threatening allergic reactions (anaphylaxis). They are intended for immediate self-administration, as emergency supportive therapy only.						
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none"><li>• <a href="#">Commercial</a></li><li>• <a href="#">Government Programs</a></li><li>• <a href="#">Individual and Family Business (IFB)</a></li></ul>						
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>5.17.24</td><td>Refreshed for age.</td></tr><tr><td>5.14.24</td><td>Updated to new template.</td></tr></table>	Date	Description	5.17.24	Refreshed for age.	5.14.24	Updated to new template.
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>						
Dean (DHP, Prevea360)	<p>Quote pharmacy benefits.</p> <ul style="list-style-type: none"><li>• Refer to the <a href="#">Preferred Drug List (DHSC)</a> for tiering and quantity limits.</li><li>• <b>Pharmacy carved out:</b> Refer member to their pharmacy vendor.</li></ul>						
Mayo Medical Plan (MMP)	<p>Refer member to their pharmacy vendor.</p>						
Medica (including MHPS)	<p>Quote pharmacy benefits.</p> <ul style="list-style-type: none"><li>• Refer to the <a href="#">Preferred Drug List (Medica)</a> for tiering and quantity limits.</li><li>• <b>Pharmacy carved out:</b> Refer member to their pharmacy vendor.</li></ul>						
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## Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC),  Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups</a>:</p> <ul style="list-style-type: none"><li>• See <a href="#">Medicaid</a> below.</li></ul> <p><a href="#">Medicare eligible groups</a>:</p> <ul style="list-style-type: none"><li>• Quote pharmacy benefits.</li><li>• Refer to the <a href="#">Preferred Drug List (Medica)</a> for tiering and quantity limits.</li><li>• Follows Medicare guidelines.</li><li>• Medicare is the primary payer.</li><li>• If no Medicare eligibility, Medicaid applies. See <a href="#">Medicaid</a> below.</li></ul>						
AccessAbility Enhanced (I-SNBC),  DUAL (MSHO)	<p>Quote pharmacy benefits.</p> <ul style="list-style-type: none"><li>• Refer to the <a href="#">Preferred Drug List (Medica)</a> for tiering and quantity limits.</li><li>• Medica is the only payer.</li></ul>						
Cost (Prime)	<p>Quote pharmacy benefits.</p> <ul style="list-style-type: none"><li>• Refer to the <a href="#">Preferred Drug List (Medica)</a> for tiering and quantity limits.</li><li>• Follows Medicare guidelines.</li></ul>						
Med Advantage	<p>Quote pharmacy benefits.</p> <ul style="list-style-type: none"><li>• Refer to the <a href="#">Preferred Drug List (Medica)</a> for tiering and quantity limits.</li><li>• Follows Medicare guidelines.</li><li>• Medica is the only payer.</li></ul>						
Med Supp (Select, Signature)	<p>Quote pharmacy benefits.</p> <ul style="list-style-type: none"><li>• Refer to the <a href="#">Preferred Drug List (Medica)</a> for tiering and quantity limits.</li><li>• Follows Medicare guidelines.</li><li>• Medicare supplement.</li><li>• Medicare is the primary payer.</li></ul>						
Medicaid	<p>Quote pharmacy benefits.</p> <ul style="list-style-type: none"><li>• Refer to the <a href="#">Preferred Drug List (Medica)</a> for tiering and quantity limits.</li></ul>						
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## Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>						
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Quote pharmacy benefits.</p> <ul style="list-style-type: none"><li>Refer to the <a href="#">Preferred Drug List (DHSC)</a> for tiering and quantity limits.</li></ul>						
Medica	<p>Quote pharmacy benefits.</p> <ul style="list-style-type: none"><li>Refer to the <a href="#">Preferred Drug List (Medica)</a> for tiering and quantity limits.</li></ul>						
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