## Randolph County Medical Plan Amendment

## November 1, 2023

In addition to other coverages provided under the Plan, the Plan provides coverage for the following prescription drugs facilitated by Amwins Rx.

DRUG PRESCRIPTION ASSISTANCE PROGRAM (PAP): Eligible claims expenses for specifically identified drugs, as listed in Exhibit A, will be excluded by the Plan. Amwins Rx may acquire these through Amwins Rx Prescription Assistance Program ("PAP"). Drugs available through PAP are specialty drugs and other high-cost drugs specifically identified by Amwins Rx as PAP drugs, and that are acquired from their manufacturers, through Amwins Rx efforts. Any reduced costs or Amwins Rx costs billed to the Plan under the PAP are paid by the Plan and considered an eligible claims expense for all purposes of the Plan. All plan participants who are prescribed any specifically identified drug as listed in Exhibit A are required complete an administrative review by Amwins Rx. The Plan shall direct Amwins Rx to seek these drugs from the manufacturer through PAP or other alternative funding means. If an attempt by Amwins Rx to acquire such a drug from its manufacturer at no cost or a lower cost is unsuccessful, the Plan Administrator has discretion to approve payment of benefits for plan participants who have completed prior authorization and the required administrative review by Amwins Rx. Such cases that satisfy the required criteria will be eligible for prescription drug benefits as defined by the Plan.

All plan participants who are prescribed any specifically identified drug as listed in Exhibit A are required to complete an administrative review by Amwins Rx. The Plan shall direct Amwins Rx to seek these drugs from the manufacturer through PAP or other alternative funding means. If an attempt by Amwins Rx to acquire such a drug from its manufacturer at no cost or a lower cost is unsuccessful, the Plan Administrator has discretion to approve payment of benefits for plan participants who have completed prior authorization and the required administrative review by Amwins Rx. Such cases that satisfy the required criteria will be eligible for prescription drug benefits as defined by the Plan.

**Exhibit A** 

**Trikafta**