



Prescription E

COPAYMENT SUMMARY

Western Health Advantage (WHA) shall cover Prescription drugs at Participating Pharmacies, prescribed in connection with a covered service, subject to conditions, limitations and exclusions stated in this Copayment Summary.

PRESCRIPTION COPAYMENTS FOR COVERED MEDICATIONS	YOU PAY
WHA offers a Three-Tier Copay Plan (see definitions)	
Walk-In Pharmacy (up to 30 day supply)	
Generic medications	\$10
Preferred Brand Name medications*	\$20
Non-Preferred Brand Name medications*	\$30

Mail Order (up to 90 day supply)	
Generic medications	\$20
Preferred Brand Name medications*	\$40
Non-Preferred Brand Name medications*	\$60

*Regardless of medical necessity or generic availability, you will be responsible for the Brand Name (Preferred or Non-Preferred) copayment when a Brand Name medication is dispensed. If a Generic medication is available and you elect to receive a Brand Name medication without medical indication from the prescribing physician, you will be responsible for the difference in cost between Generic and Brand Name in addition to the Generic copayment.

Prescription copayments do not contribute to the medical annual out-of-pocket maximum.

At walk-in pharmacies if the actual cost of the prescription is less than the applicable copayment, the Member will only be responsible to pay the actual cost of the medication.

COVERED PRESCRIPTION MEDICATIONS

- Medications that require a Prescription by state or federal law, written by a Participating Physician and dispensed by a Participating Pharmacy.
- Covered Prescription medications dispensed by a non-Participating Pharmacy outside of WHA's service area for urgent or emergency care only (you may submit your receipt to WHA for reimbursement).
- Compounded Prescriptions, which contain at least one Prescription ingredient.
- Insulin, insulin syringes with needles, glucose test strips and tablets.
- Oral contraceptives and diaphragms.
- Prenatal Prescription vitamins or vitamins in conjunction with fluoride.

DEFINITIONS

“Approved Drug Usage” means (1) use for the labeled indications (FDA-approved indications) or (2) use by a Physician for treatment of a life-threatening condition for which the drug has been recognized by the AMA Drug Evaluations, The American Hospital Formulary, the United States Pharmacopoeia, or at least two articles from major peer reviewed medical journals that present data supporting the proposed use as safe and effective unless clear and convincing contradictory evidence appears in a similar journal.

“Brand Name Medication” is a Prescription drug manufactured, marked, and sold under a given name.

“FDA-approved” means that drugs, medications, and biologicals have been approved by the United States Food and Drug Administration and listed in the United States Pharmacopoeia, the AMA Drug Evaluations and/or the American Hospital Formulary.

“Generic Medication” is a Prescription drug that is medically equivalent to a Brand Name medication as determined by the United States Food and Drug Administration and meets the same standards as a Brand Name medication in all facets: purity, safety, strength and effectiveness.

“Maintenance Medication” is any covered Prescription medications that are to be taken beyond 60 days. Examples include medications for high blood pressure, diabetes, arthritis, some allergy medications and oral contraceptives.

“Participating Pharmacy” is a pharmacy under contract with WHA, authorized to dispense covered Prescription medications to members who are entitled under this pharmacy benefit to receive them. Refer to the WHA Provider Directory for a list of Participating Pharmacies.

“Preferred Drug List (PDL)” is a listing of medications developed by WHA's Pharmacy and Therapeutics (P&T) Committee as drugs of choice in their respective classes of Generic, Preferred Brand Name or Non-Preferred Brand Name.



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Drugs are evaluated regularly to determine the additions and possible deletions of medications, to ensure rational and cost effective use of pharmaceutical agents through the P&T Committee, which meets every other month. Physicians may request that the P&T Committee consider adding specific medications to the PDL. The Committee reviews all medications for the efficacy, quality, safety, similar alternatives, and cost of the drug in determining the inclusion in the PDL.

“**Prescription Medication**” is a drug which has been approved by the United States Food and Drug Administration and which can, under federal or state law, be dispensed only pursuant to a Prescription order from a physician who is duly licensed to do so.

“**Prescription**” is a written or oral order for a Prescription medication directly related to the treatment of an illness or injury and which is issued by the attending physician within the scope of his or her professional license.

“**Three-Tier Copay Plan**” means Generic medications listed on the PDL are covered at the lowest copayment. Brand Name medications listed on the PDL are provided at the second copayment level. Drugs not listed on the PDL are covered at the third tier copayment level. There are a small number of drugs, regardless of tier level, that may require prior authorization to ensure appropriate use based on criteria set by the WHA P&T Committee. Please note the presence of a drug listed on the WHA PDL does not guarantee that the member's physician will prescribe the drug. Members may request a copy of the PDL by calling 1.888.563.2250 or view the document on the Web site: westernhealth.com.

PRINCIPAL EXCLUSIONS AND LIMITATIONS

The covered Prescription medications are subject to the exclusions and limitations described in this section:

- a. Generic medications are required. The pharmacist will automatically substitute equivalent Generic medication for the prescribed Brand Name medication (Preferred or Non-Preferred) unless your physician writes “do not substitute,” or “prescribe as written,” or it is included in the list of narrow therapeutic drugs for which there is more information below. A Brand Name drug will be provided if there is not a Generic equivalent available. Certain drugs that currently have potential equivalency issues are called “Narrow Therapeutic Index” (NTI) drugs. In these cases, you will be provided the Brand Name drug as written by your physician even if a Generic is available. The Brand Name copayment will apply. A member may request a list of applicable NTI drugs by calling WHA Member Services at 1.888.563.2250.
- b. Some Prescription medications may require prior authorization by WHA. For clarification, please contact WHA Member Services at 1.888.563.2250. Prior authorization requests for routine/non-urgent requests are processed within 24 hours of receipt if all applicable information is included with the request. For urgent requests, coverage determinations are made within 1–4 hours of receipt of the request. An initial prior authorization form may be faxed to the reviewer and requests may also be made by telephone with all applicable information taken by the pharmacist. For a prior authorization request after business hours, weekends or holidays in an urgent or emergency situation, WHA has arranged for the dispensing of an emergency short supply of the medication.
- c. Covered Prescription medications other than maintenance medications (see item d) are normally limited to a 30-day supply.
- d. Covered Prescription medications that are to be taken beyond 60 days are considered maintenance medications. Maintenance medications may be obtained through WHA's Mail Order program. The initial Prescription for maintenance medications may be dispensed through a Participating Pharmacy (limited to a 30-day supply). Subsequent refills for a 90-day supply may be obtained through the Mail Order program.
- e. Over-the-counter medications or medications that do not require a Prescription are excluded (except for insulin and insulin syringes with needles for diabetics).
- f. Medications that are not medically necessary are excluded.
- g. Treatment of impotence and/or sexual dysfunction must be medically necessary and documentation of a confirmed diagnosis of erectile dysfunction must be submitted to the Plan for review. Drugs and medications are limited to eight (8) doses per month for a 30-day period and is subject to a 50% copay.
- h. Medications that are experimental, investigational, are not FDA-approved or are not used for Approved Drug Usage (i.e., for the condition or indication for which they are prescribed) are excluded, except life-threatening or seriously debilitating conditions and cancer clinical trials as described in the Combined Evidence of Coverage, under the section titled “Appeal for Investigational/Experimental Treatment”.
- i. Prescriptions written by dentists are excluded.
- j. Drugs required for foreign travel are excluded, unless they are prior authorized for medical necessity.
- k. Cosmetic products, health or beauty aids, dietary or nutritional aids, and all products to retard or reverse the aging of the skin, whether Prescription or non-Prescription, are excluded.
- l. Drugs used for weight loss, including appetite suppressants, dietary or nutritional aids are excluded, unless they are prior authorized for medical necessity.
- m. Contraceptive devices, including IUD's, and implantable contraceptives such as Norplant, are not covered under the pharmacy benefit; they are covered under the medical benefit as described in the Combined Evidence of Coverage.
- n. Medication for injection or implantation (except insulin and other medications as determined by WHA) are covered under the medical benefit as described in the Combined Evidence of Coverage, under the section titled “Outpatient Services” and “Diabetes supplies, equipment and services”.
- o. Pharmacies dispensing covered Prescription medications to Members pursuant to the Agreement and this pharmacy benefit do so as independent contractors. WHA shall not be liable for any claim or demand on account of damages arising out of or in any manner connected with any injuries suffered by members.
- p. WHA shall not be liable for any claim or demand on account of damages arising out of or in any manner connected with the manufacturing, compounding, dispensing, or use of any covered Prescription medication.
- q. Medications for the treatment of Infertility are excluded, unless added by the employer as supplemental benefit coverage and an appropriate endorsement is attached to the Combined Evidence of Coverage and Disclosure Form.
- r. Vitamins (except prenatal prescription vitamins or vitamins in conjunction with fluoride).

PRESCRIPTION CLAIM REIMBURSEMENT

If you have to pay for a covered Prescription Medication as described in this Copayment Summary, submit your original receipt along with a copy of your member identification card, address, a daytime telephone number, and the reason for the reimbursement request directly to WHA within 60 days of purchase. No claim will be considered if submitted beyond 12 months from the date of purchase. Please direct all reimbursement requests to:

Western Health Advantage
1331 Garden Highway, Suite 100
Sacramento, CA 95833
Attn. Member Services Department