

Managed Tiered 15/40  
Pharmacy Schedule of Benefits

Schedule of Benefits Percentage Payable	Formulary Generic	Formulary Brand-Name
Retail Pharmacy Copayment (per Prescription Unit or up to 30 days)	\$15	\$40
Mail Service Pharmacy Copayment (three Prescription Units or up to a 90-day supply):	\$30	\$80

This *Schedule of Benefits* provides specific details about your Prescription Drug Benefit, as well as the exclusions and limitations. Together, this document and the Supplement to the *Combined Evidence of Coverage and Disclosure Form* as well as the medical *Combined Evidence of Coverage and Disclosure Form* to determine the exact terms and conditions of your prescription drug coverage.

**Medication Covered by Your Benefit**

When prescribed by your Participating Provider as Medically Necessary and filled at a Participating Pharmacy, subject to all the other terms and conditions of this Outpatient Prescription Drug Benefit, the following medications are covered.

- **Federal Legend Drugs:** Any medicinal substance which bears the legend: “Caution: Federal law prohibits dispensing without a prescription.”
- **Generic Drugs:** Comparable generic drugs may be substituted for brand-name drugs.
- **Miscellaneous Prescription Drug Coverage:** For the purposes of determining coverage, the following items are considered Prescription Drug Benefits: glucagon insulin, insulin syringes, blood or urine, glucose test strips, lancets, inhaler extender devices and anaphylaxis prevention kits (including, but not limited to, EpiPen®, Ana-Kits® and Ana-Guard®). See the medical benefit portion of the Combined Evidence of Coverage and Disclosure Form for coverage of other injectable medications.
- **State Restricted Drugs:** Any medicinal substance that may be dispensed by prescription only according to state law.

**Preauthorization for All Non-Formulary Drugs**

To take advantage of your benefit, all non-Formulary drugs must be Preauthorized by PacifiCare. If approved, you will pay the applicable generic or brand-name copayment. Non-Formulary drugs may be Preauthorized in the following instances:

- No Formulary alternative is appropriate and the drug is Medically Necessary for patient care, as determined by PacifiCare and consistent with professional practice.
- The Formulary alternative has failed after a therapeutic trial. Your Participating Provider will be asked to provide a copy of the medical chart notes specifically stating treatment failure with the Formulary alternative.
- The Formulary alternative is not appropriate as determined by a review of Physician chart notes. Your Participating Provider provides evidence in the form of documents, records or clinical trials which establish that use of the requested non-Formulary drug over the Formulary drug is Medically Necessary, as determined by PacifiCare.

**Preauthorization for Selected Formulary Drugs**

Selected Formulary drugs must also be Preauthorized by PacifiCare to determine that they are Medically Necessary and being prescribed according to treatment guidelines consistent with standard professional practice to be eligible for coverage. If approved, you will pay the applicable generic or brand-name Copayment. For a list of the Formulary medications that require PacifiCare’s Preauthorization, please contact PacifiCare’s Customer Service department. Please note: If you are prescribed a non-Formulary or selected Formulary medication for acute treatment that requires immediate use upon Hospital discharge, an urgent care or emergency room

visit after normal business hours, you may receive a one-time authorization for coverage. You will need to obtain Preauthorization before refilling this prescription.

## Exclusions and Limitations

While the Prescription Drug Benefit covers most medications, there are some that are not covered or limited. These drugs are listed below. Some of the following excluded drugs may be covered under your medical benefit. Please refer to Section Five of your *Combined Evidence of Coverage and Disclosure Form*.

- **Allergy serum** is not covered. Allergy serum may be available under your medical benefits. Refer to your medical *Combined Evidence of Coverage and Disclosure Form*.
- **Administered Drugs:** Drugs or medicines delivered or administered to the Member by the prescriber or the prescriber's staff is not covered. Injectable drugs are covered under your medical benefit when administered during the course of a Physician's office visit or self-administered pursuant to training by an appropriate health care professional. Refer to Section Five of your *Combined Evidence of Coverage and Disclosure Form*.
- **Cosmetic Drugs:** Drugs, medicines or cosmetic aids prescribed to primarily improve or otherwise modify your external appearance are not covered.
- **Compounded Medication:** Any Medicinal substance that has at least one ingredient that is Federal Legend or State Restricted in a therapeutic amount compounded medications is not covered unless prior authorized by PacifiCare.
- **Diagnostic Drugs:** Drugs used for diagnostic purposes are not covered.
- **Dietary or nutritional products and food supplements,** whether prescription or nonprescription, including vitamins (except prenatal), minerals and fluoride supplements, health or beauty aids, herbal supplements and/or alternative medicine are not covered.
- **Drugs prescribed by a dentist** or drugs used for dental treatment are not covered.
- **Elective or voluntary enhancement procedures,** services, supplies and medications, including, but not limited to, weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging, discolored nails and mental performance are not covered. Examples of these drugs include, but are not limited to: Penlac®, Retin-A®, Renova®, Vaniqa®, Propecia®, Lustra®, Xenical® or Meridia®. This provision does not exclude Medically Necessary medications directly related to non-Covered Services when complications exceed routine follow-up care such as life-threatening complications of cosmetic surgery.
- **Infertility:** All forms of prescription medication for the treatment of infertility are not covered. If your employer has purchased coverage for infertility treatment, prescription medications for the treatment of infertility may be covered under that benefit.
- **Injectable Medications:** Injectable medications including, but not limited to, self-injectables, infusion therapy, allergy serum, immunization agents and blood products are excluded, these medications may be covered under your medical benefit except as noted under section, "Medications Covered by Your Benefit." Injectable medications may be subject to PacifiCare's Preauthorization requirements. Refer to your medical *Combined Evidence of Coverage and Disclosure Form*.
- **Inpatient Medications:** Medications administered to a Member while an Inpatient receiving skilled care in a medical Facility, Hospital, rest home, nursing home, sanitarium, Skilled Nursing Facility or extended care Facility are not covered. Inpatient pharmacy benefits are covered as a basic medical benefit. Refer to your medical *Combined Evidence of Coverage and Disclosure Form* for additional information.
- **Investigational or Experimental Drugs:** Medication prescribed for experimental or investigational therapies are not covered, unless required by an external, independent review panel. For non-Food-and-Drug-Administration-approved indications, see Off-Label Drug exclusion. Further information about investigational or experimental therapies can be found in the medical *Combined Evidence of Coverage and Disclosure Form*.
- **Medications dispensed by a non-Participating Pharmacy** are not covered except for prescriptions required as a result of an Emergency or Urgently Needed Service for an acute condition.
- **Medications prescribed by non-Participating Physicians** are not covered except for prescriptions required as a result of an Emergency or Urgently Needed Service for an acute condition.
- **Non-Covered Medical Condition:** Prescription medication for the treatment of a non-covered medical condition is not covered.
- **Off-Label Drug Use:** Off-Label Drug Use means that the Provider has prescribed a drug approved by the Food and Drug Administration (FDA) for a use that is different than that for which the FDA approved the drug. PacifiCare excludes coverage for Off-Label Drug Use, including off-label self-injectable drugs, except as described in the *Combined Evidence of Coverage and Disclosure Form* and any applicable Attachments. If a drug is prescribed for Off-Label Drug Use, the drug and its administration will be covered only if it satisfies the following criteria: (1) The drug is approved by the

FDA. (2) The drug is prescribed by a participating licensed health care professional for the treatment of a life-threatening condition or for a chronic and seriously debilitating condition. (3) The drug is Medically Necessary to treat the condition. (4) The drug has been recognized for treatment of the life-threatening or chronic and seriously debilitating condition by one of the following: The American Medical Association Drug Evaluations, The American Hospital Formulary Service Drug Information, The United States Pharmacopeia Dispensing Information or in two articles from major peer-reviewed medical journals that present data supporting the proposed Off-Label Drug Use or Uses as generally safe and effective. (5) The drug is administered as part of a core medical benefit as determined by PacifiCare see Section Five of your Combined Evidence of Coverage and Disclosure Form for a description of your medical benefits. Nothing in this section shall prohibit PacifiCare from use of a Formulary, Copayment, Preauthorization process, technology assessment panel, or similar mechanism as a means for appropriately controlling the utilization of a drug that is prescribed for a use that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the FDA. Denial of a drug as investigational or experimental will allow the Member to use the Independent Medical Review System as defined in the medical Combined Evidence of Coverage and Disclosure Form.

- **Over-the-Counter Drugs:** Medications (except insulin) available without a prescription (over-the-counter) or for which there is a nonprescription equivalent available, even if ordered by a Physician are not covered. All nonprescription (over-the-counter) contraceptive jellies, ointments, foams or devices are not covered.
- **Prior to Effective Date:** Drugs or medicines purchased and received prior to the Member's effective date or subsequent to the Member's termination are not covered.

- **Replacement** of lost, stolen or destroyed medications are not covered.
- **Sales tax and surcharge** on prescription drugs and devices are not covered.
- **Saline and irrigation solutions** are not covered.
- **Sexual Dysfunction Medication:** All forms of medications prescribed for the treatment of sexual dysfunction, which includes, but is not limited to erectile dysfunction, impotence and anorgasm or hyporgasm are not covered. An example of such medications would include Viagra.
- **Smoking cessation products**, including, but not limited to, nicotine gum, nicotine patches and nicotine nasal spray, are not covered unless such products are available through and the member is enrolled in a smoking cessation program approved by PacifiCare.
- **Therapeutic devices or appliances**, including, but not limited to, support garments and other nonmedical substances, insulin pumps and related supplies (these services are provided as durable medical equipment) hypodermic needles and syringes not related to diabetic needs penfills, pen needles or cartridges are not covered. Birth control devices, supplies or preparations that do not require a Participating Provider's prescription by law are also not covered, even if prescribed by a Participating Provider.
- **Unit/Convenience Dosage Forms:** Unit dose, prepackaged medications, individual packets, etc. are not covered.
- **Weight Loss Medication:** Services to treat obesity (excessive weight), including, but not limited to, prescription or nonprescription weight loss medications, weight control programs, supplies or supplements are not covered.
- **Workers' Compensation:** Medication for which the cost is recoverable under any workers' compensation or occupational disease law or any state or government agency, or medication furnished by any other drug or medical service for which no charge is made to the patient is not covered.

## **Additional Questions**

State and federal laws establish standards to assure safe and effective pharmacy services and to guarantee your right to know what drugs are covered under this plan and what coverage limitations are in your contract. If you would like more information about the drug coverage policies under this plan, or if you have a question or concern about your pharmacy benefit, please contact us at 1-800-932-3004, Monday through Friday, 7:00 a.m. to 9:00 p.m. or 1-800-786-7387 (TTY).

If you would like to know more about your rights under the law, or if you think anything you received from this plan may not conform to the terms of your contract, you may contact the Washington State Office of Insurance Commissioner at 1-800-562-6900. If you have a concern about the pharmacist or pharmacies serving you, please call the State Department of Health at 360-236-4825. Prescription Drug Benefits are administered by Prescription Solutions®, a subsidiary of PacifiCare Health Systems. PacifiCare reserves the right to expand the prior authorization requirement for any drug product.

**P.O. Box 6092  
Cypress, CA 90630**

**Customer Service:  
800-932-3004  
800-786-7387 (TDHI)  
[www.pacificare.com](http://www.pacificare.com)**

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