



ADVANTAGE PRESCRIPTION BENEFIT Plan O

The Prescription Medication copayments for covered medications described in this Supplement are as follows:

Generic Medications (Walk-In Pharmacy).....	\$10.00 (30 day supply)
Preferred Brand Name Medications* (Walk-In Pharmacy)	\$20.00 (30 day supply)
Non-Preferred Brand Name Medications*(Walk-In Pharmacy)	\$30.00 (30 day supply)
Generic Medications (Mail Order).....	\$20.00 (90 day supply)
Preferred Brand Name Medications* (Mail Order)	\$40.00 (90 day supply)
Non-Preferred Brand Name Medications*(Mail Order)	\$60.00 (90 day supply)

* 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 Brand Name Copayment*. Copayments do not contribute to maximum out-of-pocket medical expenses.

Western Health Advantage shall cover Prescription drugs at Participating Pharmacies, prescribed in connection with a Covered Service, subject to conditions, limitations and exclusions stated in the Combined Evidence of Coverage and Disclosure Form and this Rider.

1. Covered Prescription Medications.

- a. Medications, excluding injectables, which are Medically Necessary, FDA-approved and used for Approved Drug Usage, are not experimental or investigational, which require a Prescription by state or federal law, and written by a Participating Physician and dispensed by a Participating Pharmacy.
- b. Oral contraceptives and diaphragms.
- c. Prenatal Prescription vitamins or vitamins in conjunction with fluoride.
- d. Compounded Prescriptions which contain at least one Prescription ingredient.
- e. Insulin and insulin syringes with needles and glucose test strips and tablets.
- f. Covered Prescription Medications dispensed by a non-Participating Pharmacy outside of Western Health Advantage's Service Area for urgent or Emergency Care only. Maximum 10-day supply. You may submit your receipt to Western Health Advantage for reimbursement.
- g. Oral medications for the treatment of Infertility and Erectile Dysfunction require a copay equal to 50% of the contracted prescription cost.
- h. Nicotine transdermal systems, such as Habitrol or Nicoderm are covered as a "Wellness Benefit." You must obtain a Prescription from your Primary Physician and are responsible to the Participating Pharmacy for 100% of the cost of the medication. Upon remaining smoke-free for 90 days as certified by your Primary Physician, Western Health Advantage will reimburse you in full. You must be active with Western Health Advantage at the time of reimbursement. Reimbursement should be requested within 60 days of certification. **One 10-week treatment will be covered per Member under any current or future Western Health Advantage contract.**

2. **Principal Exclusions and Limitations.** The covered Prescription Medications described in this Supplement are subject to the exclusions and limitations set forth in the Evidence of Coverage and those described in this section:

- a. Generic Medications are required. The pharmacist will automatically substitute equivalent Generic Medication (when available) for the prescribed Brand Name Medication (Preferred or Non- Preferred) unless otherwise specified by the prescribing physician as Medically Necessary or unless you request Brand Name Medication and make additional payments described in this rider. Unless there is no Generic Medication available, or documentation of an allergic reaction to a Generic Medication can be provided to Western Health Advantage by the prescribing physician, a Generic Medication will normally be dispensed. If you request Brand Name Medications or your physician prescribes a Brand Name Medication, regardless of Medical Necessity or Generic availability, you will be responsible for the Brand Name Copayment when the Brand Name Medication is dispensed. If you elect to receive a Brand Name Medication without indication of medical necessity from your prescribing physician, you will be responsible for the difference between the cost of the Brand Name Medication and the Generic equivalent, in addition to the Brand Name Copayment.
- b. Some Prescription Medications may require Prior Authorization by Western Health Advantage. For clarification, please contact Western Health Advantage at 1-888-2-ASK-WHA. **Prior authorization requests for routine/non-urgent requests are processed within 24 hours of receipt when all applicable information is included with the request. For urgent requests, coverage determinations are made within 1 – 4 hours of receipt of the request.**
- c. Covered Prescription Medications other than Maintenance Medications (see below) 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 Western Health Advantage'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. Viagra is subject to a 6 pill per month quantity limit and is subject to a 50% copay as mentioned above.
- h. Medications that are experimental or 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, unless otherwise required to be covered by Section 1367.21 of the California Health and Safety Code.
- i. Prescriptions written by dentists are excluded.
- j. Prescriptions for smoking cessation products are excluded, except as indicated above (see Paragraph 1.g. above).
- k. Drugs required for foreign travel are excluded.
- l. Inhalers are limited to two per Prescription. Other medications will be dispensed in the smallest standardized container per Prescription, per Copayment.
- m. 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.
- n. Drugs used for weight loss, including appetite suppressants, dietary or nutritional aids are excluded.
- o. Contraceptive devices, including IUD's, and implantable contraceptives such as Norplant, are excluded. (These are covered through the HMO benefit.)
- p. Medication for injection, implantation or applications through the skin via patch, except insulin and other medications as determined by Western Health Advantage, are excluded.
- q. Drugs determined by Western Health Advantage as ineffective and not medically indicated are excluded.
- r. Pharmacies dispensing covered Prescription Medications to Members pursuant to the Agreement and this Rider do so as independent contractors. Western Health Advantage 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.
- s. Western Health Advantage 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.

Submitting Prescription Claims for Reimbursement. If you have to pay for a covered Prescription Medication as described in this Rider, 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 Western Health Advantage 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. Customer Service Department.

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": A Prescription drug manufactured, marked and sold under a given name.

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

"Generic Medication": 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": Any covered Prescription Medications that are to be taken beyond 60 days. Examples include medications such as those for high blood pressure, diabetes, arthritis, some allergy medications and oral contraceptives.

"Participating Pharmacy": A pharmacy under contract with Western Health Advantage, authorized to dispense covered Prescription Medications to Members who are entitled under this Supplement to receive them. A list of all Western Health Advantage Participating Pharmacies is contained in the Western Health Advantage Provider Directory.

"Preferred Brand Name": A list prepared by Western Health Advantage in conjunction with our Participating Physicians which indicates the Brand Name Prescription Medications available under this Rider without prior authorization. The list may be revised periodically, and is distributed to Western Health Advantage Participating Physicians and Participating Pharmacies.

"Prescription Medication": 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": 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 Co-Pay Plan": means there is not a closed formulary, but three different co-pays. WHA does not use a formulary. All generic medications are covered at the lowest co-pay, brand name medications on the Preferred Drug List (PDL) have the middle level co-pay, and the brand name medications not on the PDL have the highest co-pay. However, in all three categories a number of the drugs may need prior authorization to ensure the appropriate use of the drug. Members may request a copy of the PDL by calling 1-888-563-2250 or view the document on the web page: www.westernhealth.com.

Drugs are evaluated regularly to determine the additions and deletions of medications, to ensure rational and cost effective use of pharmaceutical agents through the Pharmacy and Therapeutics (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 and quality, safety, alternatives and cost of the drug in determining the inclusion to the PDL.