



Prescription Drug Endorsement - \$20 / \$40 / \$60 • \$200 Deductible

This outpatient prescription drug endorsement is part of the plan under which you are covered. The benefits described in this endorsement are subject to the terms and conditions of the plan, except as otherwise specifically provided in this endorsement. Your member identification card contains essential information about your prescription drug benefits.

DEDUCTIBLE You must pay a \$200 prescription drug deductible for outpatient prescription drugs that are covered services under this endorsement in a calendar year before New West Health Services (New West) is obligated to pay benefits under this endorsement. Once you have satisfied the prescription drug deductible, you are responsible for the copayments listed below. The prescription drug deductible does not apply to either the health insurance plan's deductible or out-of-pocket maximum specified in the health insurance plan's schedule of benefits.

COPAYMENTS The **copayment** is the amount for which you are responsible. The copayment must be paid to the pharmacy at the time the prescription is filled.

For generic drugs, the copayment is: \$20

For brand-name formulary drugs, the copayment is: \$40*

For brand-name non-formulary drugs, the copayment is: \$60*

*Formulary drugs are brand-name drugs that New West has selected in each drug class based on their safety, efficacy, cost and clinical outcome. Any brand-name drug not included on the formulary listing is considered non-formulary.

If a generic drug is available, you must use the generic drug to obtain full payment after you pay your copayment for the drug. **In the event that you choose to use a brand name drug when a generic drug is available, you must pay the formulary or non-formulary copayment, whichever applies, plus the difference between the cost of the generic drug and the cost of the brand name drug, or the actual price of the brand name drug, whichever is less.** However, if your provider requires that the prescription be dispensed as written for a brand name drug that has a generic equivalent, you will only be required to pay the copayment for the cost of the brand name drug.

Detailed medication coverage for New West's prescription drug plans is available on our website at www.newwesthealth.com and an abbreviated listing of the specific medications that are covered is mailed to members annually in our prescribing guide. New West does offer coverage for most oral medications and many specialty medications. We do make frequent changes to our prescribing guide, so please refer to the most current coverage booklet at our website or contact Customer Service at 800-290-3657 if you would like more information about a specific drug.

COVERED PRESCRIPTION DRUGS

- Legend drugs - drugs that require written prescriptions and are dispensed by a licensed pharmacist
- Prescription contraceptive drugs and supplies
- Compounded prescription drugs of which one or more ingredients is a legend drug

**PARTICIPATING
NETWORK
PHARMACY
INFORMATION**

Included in your enrollment packet is a list of pharmacies in the New West participating retail pharmacy program. It is recommended that you fill your prescriptions at a participating pharmacy. Using a participating pharmacy allows you to take advantage of the discounted price New West has negotiated for, even when you are still meeting your deductible. If you use a non-participating pharmacy, you will be responsible for the cost of the copayment, if applicable, plus any difference between the medication's actual price and the allowed charge for the medication, which may result in higher than expected out-of-pocket expenses.

For details on how to request reimbursement for non-participating pharmacy claims or if you need assistance in identifying a participating pharmacy, please contact Customer Service at 800-290-3657. You may also visit our website for details and claim forms at www.newwesthealth.com.

**MAIL ORDER
AND SPECIALTY
MEDICATION
SERVICES**

Mail Order

This pharmacy benefit entitles you to receive up to a 90-day or three-month supply of maintenance prescription medications through the mail. You will be responsible for two copayments instead of three (which is what you would pay for each 30-day supply at a local pharmacy) which makes this program financially beneficial to utilize. First time orders should be placed via fax or mail, and reorders can be made via the website at www.caremark.com. Please call the Caremark phone number on your NWHP identification card or call New West Customer Service at 800-290-3657 for more details about how to use your mail order services.

Specialty Medications

In an effort to reduce prescription-related health care costs, New West has contracted with CVS/Caremark to allow for specially discounted rates on certain medications that are considered "specialty" medications. These can include medications that are injected, infused, require special handling, and/or are for certain medical conditions that require frequent monitoring. These medications are only available through New West's specialty medication program and cannot be purchased from a local pharmacy. Please contact New West Customer Service at 800-290-3657 for a current list of these medications as the list may change frequently.

**COORDINATION
OF BENEFITS**

In the event that New West is determined to be the secondary payer, we will coordinate benefits with the primary prescription carrier. At the point of sale, the pharmacist will receive a message indicating there is another carrier that should be the primary payer. It is required that the member submit the primary carrier's prescription receipt or explanation of benefits to the New West pharmacy carrier so that proper reimbursement can be made.

You may contact Customer Service at 800-290-3657 for assistance or visit our website at www.newwesthealth.com. New West will coordinate benefits as outlined in your benefits booklet under COORDINATION OF BENEFITS.

**PROGRAM LIMITATIONS,
PRIOR AUTHORIZATION
REQUIREMENTS AND
EXCLUSION
INFORMATION**

Limitations

- Benefits may be payable under this endorsement only while you are covered for prescription drug benefits.
- The drugs must be prescribed by a provider acting within the scope of his or her license.
- The prescription drug deductible and copayments do not apply to your health insurance plan's deductible or out-of-pocket maximum.
- You will pay the actual price of the prescription drug when it is less than the copayment amount.
- Benefits may be payable for outpatient injectables only when oral administration is not appropriate.
- Drugs or medicines for erectile dysfunction are limited to 6 doses per month.
- The following conditions and specific prescription drugs, and any generic equivalent, **must be authorized** or they will not be covered. This list is not all-inclusive and may be amended from time to time. Please call Customer Service at 800-290-3657 to determine if your medication requires authorization. Also see the AUTHORIZATION section in your benefits booklet.
 - AIDS/HIV medications (e.g., Truvada, Epzicom)
 - Anorexants, anorectics and diet aids
 - Antineoplastic medications (e.g., Xeloda, Temodar)
 - Biologic Response Modifier medications (e.g., Arava, Enbrel, Remicade, Xolair)
 - Hepatitis medications (e.g., Hepsera)
 - Certain hormone medications, limited to Sandostatin, growth hormone and osteoporosis medications (e.g., Forteo)
 - Immunomodulators (e.g., Kineret, Synagis)
 - Immunosuppressants (e.g., Amevive, Cellcept)
 - Pulmonary Antihypertensives (e.g., Remodulin, Revatio, Flolan)
 - Retinoid medications (e.g., Soriatane CK)
 - Topical Tretinoin medications for adults over age 35 (e.g., Retin-A)
- Conditions:
 - Unclassified/newly released medications
 - Vacation prescriptions (overrides for duplicate fills are limited to a bi-annual maximum)
 - Lost medications (overrides for lost or stolen medications are limited to a bi-annual maximum and are not available for narcotics)
 - Medications over \$1,000 per prescription
 - Newly released specialty medications

Exclusions

No coverage is available for:

- Medications filled at local or retail pharmacies for greater than a 34-day supply
- Medications filled through a mail order program for greater than a 90-day supply
- More than one purchase of a prescription drug during the dosage period recommended by the prescribing provider
- Medications filled by either mail or specialty programs and supplied by non-contracted pharmacies

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- Prescription drugs received outside the United States, other than those received as part of emergency or urgent care
 - Drugs, injectables and/or supplies that are:
 - Not approved by the United States Food and Drug Administration (FDA)
 - Prescribed for a medical condition other than the medical condition(s) for which they were approved by the FDA
 - Dispensed in a quantity or amount in excess of that specified by the prescribing provider
 - Drugs or medicines for infertility treatment
 - Non-legend drugs
 - Anabolic steroids
 - Prescription drugs that stimulate hair growth (e.g., Minoxidil)
 - Vitamins, minerals, nutritional supplements, and homeopathic and herbal remedies
 - Over-the-counter drugs and supplies, including, but not limited to, drugs that formerly were available only by prescription, but now are available over-the-counter, and any therapeutically equivalent drugs (whether or not they are available over-the-counter) that are in the same drug class as the drug that now is available over-the-counter.

SEE THE BENEFITS BOOKLET FOR ADDITIONAL EXCLUSIONS & LIMITATIONS.

**WANT MORE
INFORMATION?**

If you have any questions about our health care programs,
please contact Customer Service at:

1-800-290-3657

www.newwesthealth.com