



Capital Health P L A N



An Independent Licensee of the
Blue Cross and Blue Shield Association

Pharmacy Program Prescription Drug Endorsement

Copayments: \$7 Tier 1; \$30 Tier 2; \$50 Tier 3

This Endorsement is to be attached to and made a part of your Capital Health Plan, Inc. (CHP) Member Handbook/Certificate of Coverage. The Member Handbook/Certificate of Coverage hereby is amended by adding to the Covered Services Section a subsection titled “**CHP Pharmacy Program.**”

The Exclusions and Limitations Section of the Member Handbook/Certificate of Coverage is amended by deleting the applicable exclusion for **Prescription Drugs.**

All other provisions of the Member Handbook/Certificate of Coverage shall remain unchanged.

CHP PHARMACY PROGRAM

The CHP Pharmacy Program provides benefits for covered prescription drugs and supplies. Each covered prescription drug, when purchased from a participating pharmacy, will be subject to a copayment amount. The copayment amount is determined by the type of prescription drug dispensed (i.e., tier 1 drug, tier 2 drug, tier 3 drug or, if applicable, tier 4 drug). A brand name prescription drug on the Preferred Medication List then in effect will be reclassified as a non-preferred prescription drug on the date the FDA approves a bioequivalent generic prescription drug. Non-preferred prescription drugs are subject to a higher copayment as set forth under “copayments” below. CHP reserves the right to add, remove or reclassify any prescription drug in the Preferred Medication List at any time.

Covered prescription drugs must be medically necessary, prescribed by a medical professional acting within the scope of his or her license, and dispensed by a pharmacist.

Copayments

For each covered prescription drug
obtained from a participating pharmacy

- \$7 Tier 1 – Generic Drugs
- \$30 Tier 2 - Preferred Brand Name Drugs
- \$50 Tier 3 - Non-Preferred Brand Prescription

Drugs

Definitions Specific to the CHP Pharmacy Program

Brand Name Prescription Drug

A prescription drug which is marketed or sold by a manufacturer using a trademark or proprietary name, an original or pioneer drug, or a drug that is licensed to another company by the brand name drug manufacturer for distribution or sale, whether or not the other company markets the drug under a generic or other non-proprietary name.

Copayment

The amount that the member pays the participating pharmacy at the time of service for each covered prescription drug, as specifically set forth in this Endorsement.

Covered Prescription Drugs

All drugs that:

- Require a prescription under federal or state law
- Are covered by this Endorsement when filled at participating pharmacies
- Are prescribed by a participating prescriber
- Are authorized by Capital Health Plan

Drug

Any medicinal substance, remedy, vaccine, biological product, drug, pharmaceutical, or chemical compound.

FDA

United States Food and Drug Administration.

Generic Drug

A prescription drug containing the same active ingredients as a brand name prescription drug that either (i) has been approved by the FDA for sale or distribution as the bioequivalent of a brand name prescription drug through an abbreviated new drug application under 21 U.S.C. 355 (j); or (ii) is a prescription drug that is not a brand name prescription drug, is legally marketed in the United States and, in the judgment of CHP, is marketed and sold as a generic competitor to its brand name prescription drug equivalent. All generic drugs are identified by an "established name" under 21 U.S.C. 352 (e), by a generic name assigned by the United States Adopted Names Council, or by an official or non-proprietary name, and may not necessarily have the same inactive ingredients or appearance as the brand name prescription drug.

Medically Necessary

For coverage and payment purposes, that a medical service, drug, or supply is required for the identification, treatment, or management of a condition, and is, in the opinion of CHP:

1. consistent with the symptom, diagnosis, and treatment of the member's condition;
2. widely accepted by the practitioners' peer group as efficacious and reasonably safe based on scientific evidence;
3. universally accepted in clinical use such that omission of the service or supply in these circumstances raises questions regarding the accuracy of diagnosis or the appropriateness of the treatment;
4. not experimental or investigational;
5. not for cosmetic purposes;
6. not primarily for the convenience of the member, the member's family, or the prescriber; and,
7. the most appropriate level of service, care or supply which can safely be provided to the Member.

Non-participating Pharmacy

A retail pharmacy that has not signed an agreement with CHP to furnish services to members.

Non-preferred Drug

A prescription drug that is not included on the Preferred Medication List then in effect. **Note:** The Preferred Medication List is subject to change at any time. Please refer to our web site at www.capitalhealth.com for the most current Preferred Medication List or you may call the member services number on your Identification Card.

Participating Pharmacy

A retail pharmacy that has signed an agreement with CHP to render services to members, as set forth in this Endorsement.

Provider

“Provider” is the general term that we use for doctors, other health care professionals, hospitals, and other health care facilities that are licensed or certified by the state to provide health care services.

Pharmacist

A person properly licensed to practice the profession of pharmacy under Chapter 465, Florida Statutes, or other states’ applicable laws.

Preferred Brand Name Drug

A drug that is included on the CHP Preferred Medication List then in effect. A preferred brand name drug on the Preferred Medication List then in effect will be reclassified as a non-preferred prescription drug on the date the FDA approves a bioequivalent generic prescription drug. **Note;** The Preferred Medication List is subject to change at any time. Please refer to our web site at www.capitalhealth.com for the most current Preferred Medication List or you may call the member services number on your Identification Card.

Preferred Medication List

A list of preferred drugs then in effect, which have been designated by CHP as preferred and for which we provide coverage and benefits, subject to the exclusions of this Endorsement. **Note:** The Preferred Medication List is subject to change at any time. Please refer to our web site at www.capitalhealth.com, for the most current preferred medication list or you may call the member services number on your Identification Card.

Prescriber

A medical professional (e.g., physician, optometrist, nurse practitioner) whose state license authorizes him or her to prescribe drugs.

Prescription

An order for drugs by a physician authorized by the laws of the state to prescribe such drugs or supplies.

Prescription Drug

Any medicinal substance, remedy, vaccine, biological product, drug, pharmaceutical or chemical compound that can be dispensed only under a prescription and/or that is required by state law to bear the following statement or similar statement on the label: “Caution: Federal law prohibits dispensing without a Prescription.”

Primary Care Physician (PCP)

The physician who is the primary care physician for the member, according to CHP's records, and who provides primary care medical services to members under a primary care physician provider contract with CHP then in effect.

Prior Authorization

Approval in advance to get covered prescription drugs. Some covered prescription drugs require approval in advance from Capital Health Plan.

Standard Reference Compendium

The United States Pharmacopoeia Drug Information; The American Medical Association Drug Evaluation; and, The American Hospital Formulary Service Hospital Drug Information.

Covered Items

This Endorsement provides benefits for covered drugs.

To be covered under this Endorsement, prescriptions must be prescribed by a medical professional acting within the scope of his or her license and dispensed by a participating pharmacy.

Unless otherwise excluded, all prescription drugs are covered under this program.

Insulin and chemstrips are covered if prescribed by a medical professional acting within the scope of his or her license. Insulin needles and syringes will be covered only when prescribed in conjunction with insulin. A separate brand copayment is required for syringes and needles.

Anaphylactic kits are covered only when self-administered and prescribed by a medical professional acting within the scope of his or her license.

Limitations and Exclusions

The following limitations and exclusions apply to benefits for covered prescription drugs and supplies, in addition to all of the other provisions and exclusions of the Member Handbook/Certificate of Coverage:

Limitations

1. A prescription unit or refill will be covered up to a 30-day supply for generic drugs or a prescription unit or refill up to a 30-day supply for brand name drugs if a generic is not manufactured. Refills on prescriptions shall not be covered until at least 75% of the previous prescription has been used by the member based on the dosage schedule prescribed.
2. Refills that are authorized by the prescriber must be filled within six months or one year from the original prescription date, depending on federal law designations.
3. Syringes and needles will be covered only when prescribed and obtained with a prescription for insulin.
4. Certain prescription drugs, including some injectables, require prior authorization. For a list of these drugs, refer to www.capitalhealth.com. For instructions about how to get prior authorization, call Member Services at 850-383-3311 (toll-free 1-877-247-6512); TTY 850-383-3534 (Florida Relay toll-free 1-800-955-8771).
5. If a generic drug is available, and a more expensive brand name prescription drug is dispensed at the request of the member or the prescriber, the member must pay the copayment amount for the brand name drug plus pay the pharmacist 100% of the additional cost for the more expensive brand name prescription drug.
6. CHP retains the right to limit coverage of the quantities of drugs that may be prescribed on a p.r.n (as needed) basis.
7. CHP retains the right to designate a specific pharmacy or pharmacies that may cover certain covered drugs.

Exclusions

1. Drugs that can be purchased over the counter without a prescription, except insulin, even though a prescription was provided by prescriber.
2. Drugs that are administered or dispensed and billed by a hospital or prescriber.
3. Drugs that are dispensed before the effective date, or after the termination date, of this Endorsement.
4. All contraceptive devices, appliances, services, or supplies.
5. All syringes and needles except as otherwise covered under this Endorsement.
6. Prescriptions refilled in excess of the amount specified by the prescriber.
7. Drugs in excess of the limitations specified in this Endorsement.
8. Drugs that are obtained by the member without charge.
9. Drugs that are experimental or investigational.
10. Appetite suppressants and other prescription drugs indicated for weight reduction or control.
11. Mineral supplements or vitamins, except for the following: prescription prenatal vitamins, prescription sustained release niacin, prescription folic acid, prescription oral hematinic agents, dihydrotachysterol, fluorinated vitamins, and calcitriol.
12. Immunization agents, biological sera, blood, blood plasma, and injectable drugs other than as described in **Limitations**, item 4.
13. Fertility drugs or any drugs used for the purpose of enhancing the probability of conception.
14. Drugs used for cosmetic purposes.
15. Drugs prescribed by a pharmacist.
16. Smoking cessation drugs.
17. Drugs listed in the Homeopathic Pharmacopeia.
18. Drugs prescribed for uses other than the FDA-approved label instructions. (This exclusion does not apply to any drug prescribed for the treatment of cancer that has been approved by the FDA for at least one indication, provided the drug is recognized for treatment of cancer in a Standard Reference Compendium or recommended for treatment in medical literature. Drugs prescribed for the treatment of cancer that have not been approved for any indication are excluded.)
19. Drugs that are not approved by the FDA.
20. Drugs and supplies that are not medically necessary.
21. Certain prescription drugs approved for sexual dysfunction (Edex, Caverject, papaverine, Yocon, and phentolamine).
22. Drugs purchased from a non-participating pharmacy, except as a result of an emergency medical condition or when authorized by CHP.
23. All new prescription drugs that are approved by the FDA for marketing are excluded during the 12 consecutive months that immediately follow the date of the FDA's approval unless CHP, at its sole discretion, decides to waive this exclusion with respect to a particular prescription drug.
24. Any drug administered by intravenous infusion or injection, regardless of the setting in which it is administered or the type of provider administering the drug, except as specified in the Covered Items section of this Endorsement.
25. All prescription drugs for which prior authorization is required by this Endorsement and for which prior authorization is not obtained before the prescription is filled.
26. Any prescription drug prescribed in excess of the manufacturer's recommended specifications for dosage, frequency of use, or duration of administration, as set forth in the manufacturer's insert for that prescription drug. This exclusion does not apply if:
 - a. the dosage, frequency of use, or duration of administration of a prescription drug has been shown to be safe and effective as evidenced in published, peer-reviewed medical or pharmacy literature;
 - b. the dosage, frequency of use, or duration of administration of a prescription drug is part of an established nationally recognized therapeutic clinical guideline such as those published in the United States by American Medical Association, National Heart Lung and Blood Institute, American Cancer Society, American Heart Association, National Institutes of Health, American Gastroenterological Association, Agency for Health Care Policy and Research; or,

- c. CHP, at its sole discretion, waives this exclusion with respect to a particular prescription drug or therapeutic classes of prescription drugs.

Drugs Purchased from a Participating Pharmacy

The member must present the CHP membership card to the participating pharmacy to be identified as a member of this program.

The participating pharmacy will dispense covered prescription drugs to the member. The member will be responsible at the time of purchase for required copayments or cost sharing for each covered prescription drug.

The participating pharmacy will obtain the necessary information from the member (e.g., name, contract number, and date of birth) and file the claim. Payment for the covered prescription drugs will be made directly to the participating pharmacy.

Drugs Purchased From a Non-Participating Pharmacy

When covered prescription drugs are purchased from a non-participating pharmacy (because of an emergency medical condition or when authorized by CHP), the member will be required to pay the full cost of the drug at the point of service. To obtain reimbursement, the member must submit an itemized paid receipt to CHP within 90 days of purchase for each covered prescription drug purchased from a non-participating pharmacy. The itemized paid receipt must be submitted to CHP Member Services, P.O. Box 15349, Tallahassee, FL 32317-5349.

Prescription Drug Coverage Prior Authorization Program

Certain drugs need to be approved by CHP before they can be covered for payment; the list of these drugs is available at www.capitalhealth.com. If any of these drugs is prescribed, the person covered by this Endorsement will need to call Member Services (850-383-3311 (toll-free 1-877-247-6512); TTY 850-383-3534 (Florida Relay toll-free 1-800-955-8771)) to obtain prior authorization. Member Services will process the request and the person covered by this Endorsement will be notified if the drug is approved for coverage. **Failure to obtain authorization will result in denial of coverage.**

NOTE: This does not mean that the member cannot obtain the prescription drug from the pharmacy. It only means that CHP will not cover or pay for the prescription. The member may always purchase the prescription drug.

To obtain prior authorization:

1. The member, the prescriber, or the pharmacist must call Member Services and provide the information requested by the Member Services Representative. This information may include, but is not limited to, the member's name, date of birth, and prescriber's name and telephone number.
2. CHP will contact the prescriber to get documentation for medical review.
3. Once a decision is made by CHP regarding coverage, the member, the prescriber, and the member's primary care physician will be informed. Denial decisions will be provided to the member in writing together with an explanation of the member's appeal rights.
4. If the decision is made to allow coverage, the member will be able to have the prescription filled at a participating pharmacy for the required copayment.

5. If the decision is made not to allow the coverage, the member will be able to have the prescription filled, but the member will have to pay the full cost of the drug.

The Prescription Drug Coverage Prior Authorization Program has been established solely to determine whether coverage or benefits for prescription drugs will be provided under the terms of the Member Handbook/Certificate of Coverage. Ultimately, the final decision whether the prescription drug should be prescribed must be made by the member and the prescriber. **Decisions made by CHP in administering the Prescription Drug Coverage Prior Authorization Program are made only to determine whether coverage or benefits are available under the Member Handbook/Certificate of Coverage.**

Any and all decisions that require or pertain to independent professional medical judgments or training, or the need for a prescription drug, must be made solely by the member and the prescriber. It is possible that the member or the prescriber may conclude that a particular prescription drug is needed, appropriate, or desirable, even though that prescription drug may not be authorized for coverage under the Prescription Drug Coverage Prior Authorization Program. In that case, it is the member's right and responsibility to decide whether the prescription drug should be purchased even if CHP has indicated that coverage and payment will not be made under the Member Handbook/Certificate of Coverage.

This Endorsement shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in the Member Handbook/Certificate of Coverage, other than as specifically stated in this Endorsement. In the event of any inconsistencies between the provisions contained in this Endorsement and the provisions contained in the Member Handbook/Certificate of Coverage, the provisions contained in this Endorsement shall control to the extent necessary to accomplish the intent of Capital Health Plan, Inc., as expressed herein.

CAPITAL HEALTH PLAN, INC.



John Hogan
President and Chief Executive Officer

www.capitalhealth.com

P.O. Box 15349 • Tallahassee, Florida 32317-5349 • 850-383-3311

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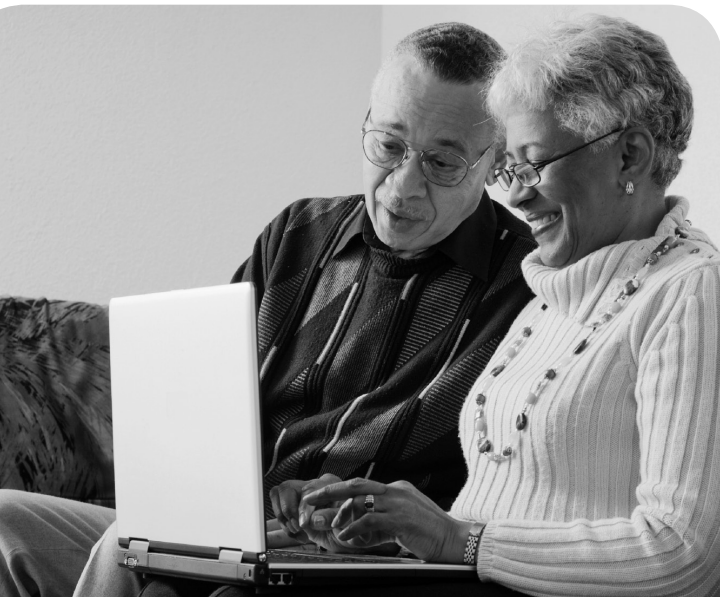
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To learn more, call your personal CHP Health Coach. Remember, CHP Health Coaching is available to you, at no additional cost, 24 hours a day, 7 days a week. Or visit us online at www.capitalhealth.com and log into CHP Health Coaching.



850.383.3400

or 1.888.372.6608

TTY #: 1.888.277.1586

www.capitalhealth.com