

SCHEDULE OF BENEFITS
\$ 5 GENERIC FORMULARY/SELECTED BRANDS
COPAYMENT
\$15 BRAND-NAME FORMULARY COPAYMENT

Prescription Drug Program

PacifiCare covers outpatient prescription drugs when ordered by a PacifiCare Participating Physician and filled at a PacifiCare Participating Pharmacy.

HOW TO USE THE PROGRAM

- Present your prescription and PacifiCare ID card at any PacifiCare Participating Pharmacy.
- Pay your Copayment for each one-month supply of prescription drugs you have filled or the retail cost of the prescription, whichever is less.
- Receive your medication(s).

PacifiCare's Formulary

Your PacifiCare Prescription Drug Benefit uses a managed Formulary. This means that you may only receive the drugs listed on the Formulary except when non-Formulary drugs have been pre-authorized by PacifiCare. Please refer to your Supplemental Combined Evidence of Coverage and Disclosure for more information about PacifiCare's Formulary.

What You Will Pay

You will need to make a required Copayment each time a prescription is filled. You should never be required to pay more than your Copayment amount for Covered Prescription Drugs at a PacifiCare Participating Pharmacy.

You may purchase up to a one-month supply of prescription drugs included on the PacifiCare Formulary through a PacifiCare Participating Pharmacy for the amount of your Copayment.

The Copayment amount for maintenance medications shall be one Copayment for each one-month supply received through a Participating Pharmacy for up to a two (2) month supply. Members may receive up to a three (3) month supply of maintenance medications through the PacifiCare Mail Service Center for the price of two (2) Copayments. For more information about maintenance medications refer to your Supplemental Combined Evidence of Coverage and Disclosure.

The Copayment for specified smoking cessation products is \$20 per 30-day supply.

WHAT IS COVERED

When Medically Necessary, the prescription benefit will be provided for the following medications contained on the PacifiCare managed Formulary, and non-Formulary drugs pre-authorized by PacifiCare, when ordered by a PacifiCare Participating Physician and filled at a PacifiCare Participating Pharmacy.

- Federal Legend Drugs: Any medicinal substance which bears the legend: "Caution: Federal law prohibits dispensing without a prescription."
- State Restricted Drugs: Any medicinal substance which may be dispensed by prescription only according to State law.
- Compounded Medication: Any medicinal substance which has at least one ingredient that is Federal Legend or State Restricted in a therapeutic amount.
- Insulin, insulin syringes, blood glucose test strips, lancets, inhaler extender devices, anaphylaxis prevention kits.
- Federal legend oral contraceptives, prescription diaphragms.
- Generic Drugs: Comparable generic drugs will be substituted for brand-name drugs.
- Specified smoking cessation products when a Member meets nicotine dependency criteria and is enrolled and continues to participate in PacifiCare's StopSmokingSM Program.

PRE-AUTHORIZATION FOR ALL NON-FORMULARY DRUGS AND SELECTED FORMULARY DRUGS

All non-Formulary drugs and selected Formulary drugs must be pre-authorized by PacifiCare in order to be covered. Pre-authorization requests may be initiated by Member's PacifiCare Participating Physician. PacifiCare's pre-authorization review process for selected Formulary drugs is to ensure that the drugs are Medically Necessary and being utilized according to treatment guidelines consistent with good professional practice. For a list of the selected Formulary medications that require PacifiCare's pre-authorization, please contact PacifiCare's Customer Service Department. Non-Formulary drugs which are not otherwise excluded from coverage will be pre-authorized in the following instances:

- No Formulary alternative is appropriate and the drug is Medically Necessary for patient care, as determined by PacifiCare, consistent with professional practice.

Managed

Questions? Call the HMO Customer Service Department at 1-800-624-8822.

- The Formulary alternative has failed after a therapeutic trial. Member's participating physician 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.
- The Member has been under treatment and remains stable on a non-Formulary prescription drug and conversion to a Formulary drug would be medically inappropriate.
- The Member experiences typical allergic reaction or established adverse effects relating to the pharmacological properties of the Formulary drug which are attributed to formulations or differences in absorption, distribution or elimination.
- Member's participating physician provides evidence in the form of documents, records or clinical trials which establishes that use of the requested non-Formulary drug over the Formulary drug is Medically Necessary, as determined by PacifiCare.

IF A PACIFICARE PARTICIPATING PHARMACY IS NOT AVAILABLE

The Drug Benefit is honored only at PacifiCare Participating Pharmacies. You are eligible for direct reimbursement only if a PacifiCare Participating Pharmacy was not available or accessible. In this situation you will be required to pay the price of the prescription and should file for reimbursement. For direct reimbursement, you must send to PacifiCare the following information:

1. Your prescription receipt from the pharmacy showing the name of the drug, date filled, pharmacy name, name of Member for whom the prescription was written, and proof of payment.
2. A statement describing why a PacifiCare Participating Pharmacy was not available to the Member.
3. The above information should be sent to the following address:

PacifiCare Pharmacy Department
P.O. Box 6037
Cypress, CA 90630

If request for reimbursement is determined to be appropriate, payment will be forwarded to you.

Should you have any questions regarding your PacifiCare Prescription Drug Benefit, please call Customer Service.

EXCLUSIONS AND LIMITATIONS

Prescription drug benefits will not be provided for any prescription covering or prescribing the following:

- Drugs or medicines not on the PacifiCare Formulary, unless pre-authorized by PacifiCare.
- Drugs or medicines purchased and received prior to the Member's effective date or subsequent to the Member's termination.
- Therapeutic devices or appliances including hypodermic needles, syringes (except insulin syringes), support garments and other non-medicinal substances.
- All non-prescription (over-the-counter) contraceptive jellies, ointments, foams, or devices.
- Medications to be taken or administered to the eligible Member while he is a patient in a hospital, rest home, nursing home, sanitarium, etc.
- Drugs or medicines delivered or administered to the Member by the prescriber or the prescriber's staff.
- Dietary supplements, including vitamins and fluoride supplements (except prenatal), health or beauty aids and anorexiant (i.e. diet pills).
- 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.
- Medications prescribed for experimental or investigational therapies, unless required by an external, independent review panel pursuant to California Health and Safety Code Section 1370.4.
- Medications prescribed for experimental or non-FDA-approved indications unless prescribed in a manner consistent with a specific indication in *Drug Information for the Health Care Professional*, published by the United States Pharmacopeial Convention, the *American Medical Association Drug Evaluation*, the *American Hospital Formulary Services edition of Drug Information* or any other source which reflects community practice standards; medications limited to investigational use by law.
- Medications available without a prescription (over-the-counter) or for which there is a non-prescription equivalent available, even if ordered by a physician.
- Drugs, medicines or cosmetic aids prescribed to primarily improve or otherwise modify the Member's external appearance.
- Medications prescribed by non-participating physicians (except for prescriptions required as a result of an Emergency or Urgently Needed Service for an acute condition).
- Smoking cessation products (other than those available by participating in PacifiCare's StopSmokingSM Program) including, but not limited to, nicotine gum and nicotine nasal spray.
- Injectable drugs (except as listed under Covered Benefits).

PacifiCare reserves the right to expand the prior authorization requirement for any drug product to assure adherence to FDA-approved indications and national practice standards.

Contacting us:

PacifiCare of California	www.pacificare.com
5701 Katella Avenue	800-624-8822; M-F, 8 a.m. to 8 p.m.
Cypress, California 90630-5028	800-442-8833 (TDHI)

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