

washington – large + small group

**prescription drug rextra \$15 / \$45**

## benefits

- Generic drugs: \$15 copayment for up to a 30-day supply purchased at a participating retail pharmacy
- Brand name drugs: \$45 copayment for up to a 30-day supply purchased at a participating retail pharmacy **(when a generic equivalent is not available)**
- Compounded prescription drugs: 50% coinsurance for up to a 30-day supply purchased at a participating retail pharmacy
- Both generic and brand name drugs are covered benefits subject to the terms of this benefit summary and the prescription drug contract endorsement. Regardless of the reason or medical necessity, if you request a brand name drug, or if your physician prescribes a brand name drug when a generic is available, you will be responsible for the difference in cost between the brand name and generic drug, in addition to your brand name drug copayment.
- Your total cost will never exceed the actual cost of the drug.
- Copayments, coinsurance and any difference in cost payments for covered prescription drugs do not apply to your annual medical out-of-pocket maximums or any applicable medical deductibles.
- The pharmacy benefits used under your plan apply to your lifetime maximum benefit.

## using your prescription drug benefit

- Your prescription drug benefit requires you to have your prescriptions filled at pharmacies that participate with Providence Health Plan. We have approximately 22,000 participating pharmacies available for your use nationwide. Most specialty and chemotherapy drugs are only available at our designated specialty pharmacies. A list of our participating preferred retail and specialty pharmacies is available on our Web site at [www.providence.org/healthplans](http://www.providence.org/healthplans). You also may contact your Customer Service team if you need help locating a participating pharmacy near you or when you are away from your home.
- You must present your current Providence Health Plan member identification card and pay your copayment or coinsurance at the time of purchase. Participating pharmacies may not charge you more than your copayment or coinsurance for covered prescriptions.
- You may purchase up to a 90-day supply (two copayments or one coinsurance will apply) of each maintenance drug at one time using a participating mail service pharmacy, as described under “ordering prescriptions by mail,” or at a participating preferred retail pharmacy. Maintenance drugs are those that typically prescribed to treat long-term or chronic conditions, such as diabetes, high blood pressure and high cholesterol. Maintenance drugs are those that you have received under our plan for at least 30 days and that you anticipate continuing to use in the future. (Some quantity limitations and copayments for unit of use packaging may apply. Not all prescription drugs are available as a 90-day supply.)
- Diabetes supplies may be obtained at your participating pharmacy and are subject to your group’s medical supplies and devices benefits and coinsurance. See your Member Handbook for details.

## using your prescription drug formulary

- The Providence Formulary is a list of FDA approved prescription brand name and generic drugs developed by physicians and pharmacists. It is designed to offer drug treatment choices for covered medical conditions.
- Some prescription drugs require prior authorization for medical necessity, place of therapy, length of therapy, step therapy, or number of doses. If a drug to treat your covered medical condition is not on the Formulary, please contact us.
- Our Formulary can help you and your physician choose effective medications that are less costly and minimize your out-of-pocket expense.
- Effective generic drug choices are available to treat most medical conditions. Visit [www.providence.org/healthplans](http://www.providence.org/healthplans) for frequently asked questions about both generic drugs and our Formulary.

## ordering prescriptions by mail

To purchase prescriptions by mail, your physician or provider can call in the prescription or you can mail your prescription along with your Providence Health Plan member identification number to one of our participating mail order pharmacies. Participating mail order pharmacy information is available on our Web site at [www.providence.org/healthplans](http://www.providence.org/healthplans). (Not all prescription drugs are available by mail order.)

## use of non-participating pharmacies

Urgent or emergency medical situations may require that you use a non-participating pharmacy. If this occurs, you will need to pay full price for your prescription at the time of purchase. Reimbursement forms are available online. Reimbursement is subject to your plan’s limitations and exclusions.

## limitations

- All drugs must be Food and Drug Administration (FDA) approved, medically necessary, and require by law, a prescription to dispense. Not all FDA approved drugs are covered by Providence Health Plan. Newly approved drugs will be reviewed for safety and medical necessity within 12 months following FDA approval.
- Some drugs require prior authorization for medical necessity, place of therapy, length of therapy, step therapy or number of doses. Please have your provider contact us for prior authorization.
- Prescription dispensing limits: 1) topicals—up to 60 grams; 2) liquids—up to eight ounces; 3) tablets or capsules—up to 100 dosage units; and 4) multi-use or unit-of-use—up to one container or package; as prescribed, not to exceed a 30 consecutive day supply, whichever is less. Other dispensing limits may apply to certain medications requiring limited use and are listed on our Formulary.
- Drugs or hormones to stimulate growth are covered only if there is a laboratory-confirmed diagnosis of growth hormone deficiency. These drugs are covered only for children under age 18, and for adults only if there is documented pituitary destruction and the drug use meets our medical policy criteria.
- Specialty drugs are injectable, infused, oral or inhaled therapies that often require specialized delivery, handling, monitoring and administration, and are generally high cost. These drugs must be purchased through our designated Specialty Pharmacy. Due to the nature of these medications, they are not considered “maintenance” drugs and are limited to a 30-day supply (or minimum package size to approximate a 30-day supply). For a copy of our “Specialty Medications” list visit [www.providence.org/healthplans](http://www.providence.org/healthplans), or call us.
- Self-injectable drugs are only covered if they are intended for self-administration, labeled by the FDA for self-administration and on our list of “Specialty Medications.”
- Compound prescription drugs must contain one Food and Drug Administration (FDA) approved drug in a therapeutic amount and be purchased at a participating pharmacy.
- Methadone for treatment of pain management is covered. Methadone for treatment of chemical dependency may be covered under your chemical dependency benefits.

## exclusions

- Drugs that are not provided in accordance with our formulary management program.
- Drugs used for weight loss or cosmetic purposes.
- Drugs or medications prescribed that do not relate directly to the treatment of a covered illness or injury.
- Drugs that do not have at least one FDA-approved medication in a therapeutic amount.
- Over-the-Counter (OTC) drugs, medications, or vitamins that may be purchased without a provider’s written prescription and prescription drugs that are available in an OTC therapeutically similar form.
- Devices, appliances, supplies and durable medical equipment, even if a prescription is required for purchase. Some of these items may be covered under your medical benefits.
- Drugs used in the treatment of fungal nail conditions.
- Drugs used in the treatment of the common cold.
- Experimental or investigational drugs or drugs used by a member in a research study or in another similar investigational environment.
- Intrauterine devices (IUDs), diaphragms and implantable contraceptives. Some of these items are covered under your medical benefits.
- Drugs or medications delivered, injected or administered to you by a physician, other provider or another trained person.
- Amphetamines and amphetamine derivatives, except when used in the treatment of narcolepsy or hyperactivity in children and adults.
- Drugs or medications used to treat sexual dysfunctions or disorders, in either men or women, such as Viagra or drugs required for, or as a result of, sexual transformation.
- Smoking cessation drug therapy, including nicotine replacement therapy. (Your PHP health coverage provides access to discounted smoking cessation programs, including drug therapy.)
- Drugs dispensed from pharmacies outside the United States, except for urgent and emergency medical conditions.
- Drugs or prescribed medications that are not medically necessary or are not provided according to our medical policy.
- Drugs used for the treatment of fertility/infertility.
- Fluoride, for members over the age of 10 years old.
- Replacement of lost or stolen medication.
- Drugs to stimulate hair growth, including, but not limited to, Rogaine (i.e., topical minoxidil) or other similar drug preparations.
- Drugs used in the treatment of drug induced fatigue, general fatigue and idiopathic hypersomnia.
- Drugs that are not FDA approved or designated as “less than effective” by the FDA, also known as “DESI” drugs.
- Drugs placed on prescription-only status as required by state or local law.

### customer service:

• Portland Metro Area:  
503-574-7500

• All Other Areas:  
1-800-878-4445

• TTY (For the Hearing Impaired):  
503-574-8702 or 888-244-6642