

PRESCRIPTION **G**

COPAYMENT SUMMARY

Western Health Advantage shall cover Prescription medications at Participating Pharmacies, prescribed in connection with a covered service and subject to conditions, limitations and exclusions stated in the Combined Evidence of Coverage and Disclosure Form (EOC/DF) located on the MyWHA Plan toolbar at mywha.org.

Medications on a member's **three-tier prescription plan** are categorized as follows in WHA's **Preferred Drug List (PDL)**:

- Tier 1 – Preferred generic and certain preferred brand name medication
- Tier 2 – Preferred brand name and certain non-preferred generic medication*
- Tier 3 – Non-preferred (generic or brand) medication*

The PDL is a listing of medications developed by WHA's Pharmacy and Therapeutics Committee as drugs of choice in their respective tiers. Drugs are evaluated regularly by the committee to ensure rational and cost-effective use of pharmaceutical agents. The committee reviews all medications for their efficacy, quality, safety, similar alternatives and cost in determining their inclusion on the PDL.

Please note that a drug's presence on the WHA PDL does not guarantee that the member's physician will prescribe the drug. There are a small number of drugs, regardless of tier, that may require prior authorization to ensure appropriate use based on criteria set by the committee.

Members may request a copy of the PDL by calling WHA Member Services or view the document online at mywha.org/pharmacy.

PRESCRIPTION COST TO MEMBER

Walk-In Pharmacy (up to 30-day supply)

\$5	Tier 1
\$10	Tier 2*
\$20	Tier 3*

Mail Order (up to 90-day supply)

\$5	Tier 1
\$10	Tier 2*
\$20	Tier 3*

Other Prescription Coverage

\$10	Home self-injectable medication
50%**	Erectile Dysfunction medication* up to \$250 maximum per 30-day supply
none	Aspirin, folic acid (including in prenatal vitamins), fluoride for preschool age children, tobacco cessation medication and women's contraceptives; generic required if available

Covered Prescription Medications

- Oral medications that require a Prescription by state or federal law, written by a Participating Physician, or a pharmacist if allowed by law, and dispensed by a Participating Pharmacy.
- Covered Prescription medications dispensed by a non-Participating Pharmacy outside of WHA's service area for urgent or emergency care only (the receipt may be submitted to WHA for reimbursement).
- Compounded Prescriptions for which there is no FDA-approved alternative and which contain at least one Prescription ingredient.
- Insulin, insulin syringes with needles, glucose test strips and tablets.
- Oral contraceptives and diaphragms.

Members will pay the lesser of the applicable copayment, the actual cost, or the retail price of the prescription.

Non-injectable specialty medication may be classified on Tiers 1-3. Regardless of tier, all specialty medications are limited to a 30-day supply.

Prescription copayments contribute to the medical annual out-of-pocket maximum unless copayment is for the treatment of Infertility.

*Regardless of medical necessity or generic availability, the member will be responsible for the applicable copayment when a Tier 2 or Tier 3 medication is dispensed. If a Tier 1 medication is available and the member elects to receive a Tier 2 or Tier 3 medication without medical indication from the prescribing physician, the member will be responsible for the difference in cost between the Tier 1 and the purchased medication in addition to the Tier 1 copayment. The amount paid for the difference in cost does not contribute to the medical out-of-pocket maximum.

**Percentage copayments are based upon WHA's contracted rates with the provider of service.