



## **Pharmacy Benefits**

### **Summary Plan Description**

Advantage Plan and Community Plan Options

## Pharmacy Benefits Summary Plan Description

### Advantage Plan and Community Plan Options

Advantage Plan:  
Community Plan:

Group Number 10002211  
Group Number 1641811062

RxBIN: 028181 / RxPCN: REALRX

	<b>University Human Resource Mgmt.</b>	<b>RealRx (“Claims Administrator”)</b>
<b>Address</b>	250 East 200 South, Suite 125 Salt Lake City UT 84111	PO Box 1308 Sandy, UT 84091
<b>Customer Service</b>	801.581.7447 <a href="mailto:AskHR@utah.edu">AskHR@utah.edu</a>	855.413.6399
<b>Website</b>	benefits.utah.edu ubenefits.app.utah.edu	RealRxHealth.com

**Notice of Privacy Practices:** RealRx’s Notice of Privacy Practices is available by calling Customer Service. The University’s Notice of Privacy Practices is at the end of your Plan’s SPD.

## Prescription Medications – Advantage and Community Plan Options

This document explains your benefits and cost-sharing responsibilities for Prescription Medications. Prescription Medication Benefits described herein are only available to individuals enrolled in the Advantage and Community Plan Options. Coverage details not included in this document are included in the Advantage Plan Summary Plan Description and Community Plan Summary Plan Description, including but not limited to medical benefits, mental health/substance use disorder benefits, and eligibility and enrollment rules. Capitalized words are defined at the end of this document.

If a medication or supply is covered by both this Prescription Medications Benefit or any provision within your Plan's Medical Benefits section, benefits will be paid under this Prescription Medications benefit when filled at a retail or specialty pharmacy.

Covered items under the Prescription Medications Benefit are indicated on the Formulary, with the exception of specific therapy classes as indicated in this document (examples include experimental medications and cosmetic medications). Prescription Medications not on the Formulary may be covered as described in the Formulary Exception Process. To view the Formulary and find medications by tier, visit [realrxhealth.com](https://realrxhealth.com) or contact Customer Service at 855-413-6399.

## Prescription Benefit Deductible

Before the Plan will pay, you have the following Plan Year Prescription Benefit Deductible:

**Per Member:** \$55

**Per Family:** \$110

You are not required to meet the Prescription Medication Deductible when filling a prescription for:

- A Tier 1 medication
- A self-administrable cancer chemotherapy medication
- Diabetic supplies
- Insulin

The Prescription Benefit Deductible is separate from any of your Plan's other deductibles (medical benefits and mental health/substance use disorder benefits).

### Expenses That Do Not Apply Toward the Prescription Benefit Deductible

Certain costs do not count toward your Prescription Benefit Deductible and remain your responsibility:

- Costs that exceed the Covered Prescription Medication Expense that are charged by a Nonparticipating Pharmacy will not apply to your Prescription Benefit Deductible.
- Any discounts or manufacturer coupons that reduce your out-of-pocket costs may not be applied toward the Prescription Benefit Deductible.
- The cost difference between a Brand-Name Medication and its generic equivalent, or between a Specialty Medication and its biosimilar equivalent, does not count toward the Prescription Benefit Deductible unless a Formulary Exception has been approved by RealRx.

## Prescription Benefit Copays and/or Coinsurance

Once you have met the Prescription Benefit Deductible, if applicable, you will be responsible for Copayment and/or Coinsurance amounts when you fill a prescription—provided the pharmacy submits the claim electronically. These amounts count toward your Prescription Benefit Out-of-Pocket Maximum.

### Exceptions – When You Pay \$0

You will not be responsible for any Deductible, Copayment, or Coinsurance in the following situations:

- When filling prescriptions for medications used to treat opioid overdose.
- When receiving immunizations required for travel, employment, or residence in a foreign country.

### Special Coverage for Insulin

If you are prescribed Tier 2 insulin, your cost-share will not exceed the following amounts, regardless of whether you have met the Prescription Benefit Deductible:

- \$25 for up to a 30-day supply, or
- \$75 for up to a 90-day supply

## Prescription Benefit Out-of-Pocket Maximum

Your Plan Year Prescription Benefit Out-of-Pocket Maximum amounts are:

**Per Member:** \$2,625

**Per Family:** \$5,250

The Prescription Benefit Out-of-Pocket Maximum is separate from any of your Plan's other maximum out-of-pocket amounts (medical benefits and mental health/substance use disorder benefits). The following payments apply toward the Prescription Benefit Out-of-Pocket Maximum:

- Copayments and Coinsurance paid for Prescription Medications at:
  - University of Utah Health Pharmacies
  - Other Participating Pharmacies
  - Nonparticipating Pharmacies – up to the Covered Prescription Medication Expense
  - Home Delivery Suppliers – including mail order and specialty pharmacies

Once you reach the Prescription Benefit Out-of-Pocket Maximum, covered Prescription Medications that are subject to this maximum will be covered at 100% of the Covered Prescription Medication Expense for the remainder of the Plan Year.

### Expenses That Do Not Apply Toward the Prescription Benefit Out-of-Pocket Maximum

Certain costs do not count toward your Prescription Benefit Out-of-Pocket Maximum and remain your responsibility, even after you reach the maximum. These include:

- Costs that exceed the Covered Prescription Medication Expense that are charged by Nonparticipating Pharmacy.
- The cost difference between a brand-name medication and its generic equivalent, or between a specialty medication and a specialty biosimilar medication unless a Formulary Exception has been approved by RealRx.

These expenses will not be reimbursed by the Plan and will remain your responsibility, regardless of whether you have reached any out-of-pocket maximum.

## PHARMACY BENEFITS

### Prescription Medications from a University of Utah Health Pharmacy (for a 30-Day Supply)

<b>Tier 1:</b> You pay 20% (minimum of \$7 and not to exceed \$150 per 30-day supply).
<b>Tier 2:</b> After Deductible, you pay 20% Coinsurance (Minimum of \$7 and not to exceed \$200 per 30-day supply).
<b>Tier 3:</b> After Deductible, you pay 40% Coinsurance (Minimum of \$7 and not to exceed \$400 per 30-day supply).
<b>Tier 4 (Specialty Medications):</b> After Deductible, you pay 20% Coinsurance (Minimum of \$7 and not to exceed \$300 per 30-day supply).
<b>Compound Medication:</b> After Deductible, you pay 20% Coinsurance (Minimum of \$7 and not to exceed \$250 per 30-day supply).
<b>Diabetic Supplies:</b> You pay 20% Coinsurance (Minimum of \$7 and not to exceed \$150 per 30-day supply).
<b>Insulin:</b> You pay 20% Coinsurance (Minimum of \$7 and not to exceed \$25 per 30-day supply or \$75 per 90-day supply).

### Prescription Medications from Other Participating Pharmacies (for a 30-Day Supply)

<b>Tier 1:</b> You pay 25% (minimum of \$7 and not to exceed \$250 per 30-day supply).
<b>Tier 2:</b> After Deductible, you pay 25% (Minimum of \$7 and not to exceed \$250 per 30-day supply).
<b>Tier 3:</b> After Deductible, you pay 40% Coinsurance (Minimum of \$7 and not to exceed \$400 per 30-day supply).
<b>Tier 4 (Specialty Medications):</b> After Deductible, you pay 35% Coinsurance (Minimum of \$7 and not to exceed \$500 per 30-day supply).
<b>Compound Medication:</b> After In-Network Deductible, you pay 20% Coinsurance (Minimum of \$7 and not to exceed \$350 per 30-day supply).

**Diabetic Supplies:** You pay 20% Coinsurance (Minimum of \$7 and not to exceed \$150 per 30-day supply).

**Insulin:** You pay 20% Coinsurance (Minimum of \$7 and not to exceed \$25 per 30-day supply or \$75 per 90-day supply).

**Prescription Medications from RealRx’s designated home delivery pharmacy (for a 90-Day Supply)**

Please note mail order through RealRx’s home delivery pharmacy is only available to members who reside outside of Utah. Home Delivery for members residing in Utah is available through the University of Utah’s mail order pharmacy.

**Tier 1:** You pay 20% (minimum of \$21 and not to exceed \$350 per 90-day supply).

**Tier 2:** After Deductible, you pay 20% Coinsurance (Minimum of \$21 and not to exceed \$600 per 90-day supply).

**Tier 3:** After Deductible, you pay 40% Coinsurance (Minimum of \$21 and not to exceed \$1,200 per 90-day supply).

**Tier 4 (Specialty Medications):** After Deductible, you pay 20% Coinsurance (Minimum of \$7 and not to exceed \$300 per 30-day supply). Only 30-day supply of specialty medications is available.

**Compound Medication:** After Deductible, you pay 20% Coinsurance (Minimum of \$21 and not to exceed \$750 per 90-day supply).

**Diabetic Supplies:** You pay 20% Coinsurance (Minimum of \$21 and not to exceed \$450 per 90-day supply).

**Insulin:** You pay 20% Coinsurance (Minimum of \$7 and not to exceed \$25 per 30-day supply or minimum of \$21 and not to exceed \$75 per 90-day supply).

## COVERED PRESCRIPTION MEDICATIONS

Prescription Medication benefits are generally available for the following:

- Prescription Medications
- Self-Adminstrable Prescription Medications (including, but not limited to, Self-Adminstrable Injectable Medications) and teaching doses by which a Claimant is educated to self-inject
- Diabetic supplies, when obtained with a Prescription, including:
  - lancets;
  - test strips;
  - glucagon emergency kits; and
  - insulin syringes.
- Therapeutic continuous glucose monitors, insulin pumps, and their supplies, that are on the Formulary may be purchased from a pharmacy, when obtained with a prescription; therapeutic continuous glucose monitors, insulin pumps, and their supplies, are also covered in your Plan’s Medical Benefits Section
- Medications to promote fertility in combination with your Plan’s Fertility Benefit limit of \$13,000 per lifetime
- Compound Medications
- Specialty Medications (including, but not limited to, medications for multiple sclerosis, rheumatoid arthritis, cancer, clotting factor for hemophilia or similar clotting disorders, and hepatitis C)
- Covered emergency contraceptives are covered at no charge to you for Tier 1 and Tier 2 Medications
- Weight loss medications for members who meet medical criteria
- Immunizations for travel, occupation or residency in a foreign country are covered at no charge to you
- Certain Prescription Medications that are administered by your provider as determined by the Pharmacy and Therapeutics (P&T) Committee

Additionally, the following preventive medications obtained from a Participating Pharmacy are covered at no charge to you, including, but not limited to:

- Immunizations for adults and children according to, and as recommended by the CDC and/or USPSTF
- Certain preventive medications, according to, and as recommended by the USPSTF, that are on the Formulary and when obtained with a prescription order:
  - aspirin
  - fluoride
  - iron
  - medications for tobacco use cessation

- FDA-approved prescription and over-the-counter contraception methods according to, and as recommended by the HRSA and when obtained with a Prescription Order:
  - condoms
  - diaphragm with spermicide
  - sponge with spermicide
  - cervical cap with spermicide
  - spermicide
  - oral contraceptives (combined pill, mini pill and extended/continuous use pill)
  - contraceptive patch
  - vaginal ring
  - contraceptive shot/injection
  - emergency contraceptives (both levonorgestrel- and ulipristal acetate-containing products)

When preventive medications or immunizations are obtained from a Nonparticipating Pharmacy, you will be responsible for any Deductible, Copayment and/or Coinsurance listed above. You may request reimbursement up to the Covered Prescription Medication Expense. If your provider believes that the Plan's covered preventive medications, including contraceptives, are medically inappropriate for you, you may request an equivalent preventive medication by contacting Customer Service at 855-413-6399. For additional information on Covered Prescription Medications, visit the Claims Administrator's website or contact Customer Service.

### **Special Provisions for a Cancer Drug Treatment Regimen**

Prescription Medications used as part of a cancer drug treatment regimen for a cancer patient who is undergoing chemotherapy in an outpatient clinic setting, will be covered subject to the same benefits, limitations and exclusions of this Prescription Medications Benefit, when dispensed through a professional provider who meets the requirements set forth in Utah Code §58-17b-102(23)(a)(i) and (ii). "Cancer drug treatment regimen" means a Prescription Medication used to treat cancer, manage its symptoms, or provide continuity of care for a cancer patient.

Prescription Medications eligible for dispensing through a professional provider's office include a chemotherapy drug administered orally, rectally or by dermal methods and medication used to support cancer treatment (including to treat, alleviate or minimize physical and psychological symptoms of pain, to improve patient tolerance of cancer treatments, or prepare a patient for a subsequent course of therapy). Any Prescription Medication listed under federal law as a controlled drug is not eligible for this special dispensing provision. Intravenous medications are otherwise covered under your Plan's Medical Benefits Section(s). You can find a list of Prescription Medications eligible for dispensing through a professional provider's office on the Claims Administrator's website.

## **PRESCRIPTION MEDICATIONS CLAIMS AND ADMINISTRATION**

### **Preauthorization**

Some Prescription Medications may require preauthorization before they are dispensed. The Claims Administrator notifies participating providers, including pharmacies, which Prescription Medications require preauthorization. Prescription Medications that require preauthorization must have medical information provided by the prescribing provider to determine medical necessity. Prescription Medications that require preauthorization will not be covered until they are preauthorized. For a list of medications that require preauthorization or if you have any questions, visit the Claims Administrator's website or contact Customer Service at 855-413-6399.

### **Formulary Changes**

Any removal of a Prescription Medication from the Formulary will be posted on the Claims Administrator's website 30 days prior to the effective date of that change unless the removal is done on an emergency basis or if an equivalent generic medication becomes available without prior notice. In the case of an emergency removal, the change will be posted as soon as possible.

If you are taking a Prescription Medication when it is removed from the Formulary and its removal was not due to the medication being removed from the market, becoming available over-the-counter or issuance of a black box warning by the Federal Drug Administration (FDA), the Plan will continue to cover your Prescription Medication for the time period required to use the Formulary Exception process to request continuation of coverage for the removed Prescription Medication and receive a decision through that process, unless patient safety requires an expedited replacement.

### **Formulary Exception Process**

Non-Formulary Medications are not covered by your Prescription Medications Benefit. However, a Prescription Medication not on the Formulary may be covered in certain circumstances.

"Non-Formulary" means those self-administered Prescription Medications not listed on the Formulary.

To request coverage for a Prescription Medication not on the Formulary, you or your provider will need to request a Formulary Exception so that the Claims Administrator can determine if a Prescription Medication not on the Formulary is medically necessary. Your Non-Formulary Medication may be considered medically necessary if the Claims Administrator's Medication Policy criteria are met, if applicable, and:

- You are not able to tolerate a covered Prescription Medication(s) on the Formulary;
- Your provider determines that the Prescription Medication(s) on the Formulary is not therapeutically effective for treating your covered condition; or
- Your provider determines that a dosage required for effective treatment of your covered condition differs from the Prescription Medication on the Formulary dosage limitation.

The specific Medication Policy criteria to determine if a Non-Formulary Medication is medically necessary are available on the Claims Administrator's website. You or your provider may request preauthorization by calling Customer Service at 855-413-6399 or by completing and submitting the form on the Claims Administrator's website.

Once authorization has been approved, the Non-Formulary Medication will be available for coverage at the Copayment and/or Coinsurance level determined by Your Plan and will apply towards the Prescription Benefit Deductible and Prescription Benefit Out-of-Pocket Maximum.

### **COORDINATION OF BENEFITS – Prescription Medication Benefits Only**

Coordination of Prescription Medication Benefits to 100% of the negotiated charge is only available to Claimants who have primary and secondary coverage in the University of Utah Employee Health Care Plan (Advantage or Community Options). Coordination of Prescription Medication Benefits is not available for Claimants who have primary or secondary coverage provided by another employer's group insurance plan (including the University of Utah Hospitals and Clinics' employee health plan) or if You participate in the Consumer Directed Health Plan option. If you are eligible for coordination of Prescription Medication Benefits, complete the Certification of Dual University Coverage on UHRM's website at <https://benefits.utah.edu/certification-of-dual-university-coverage/>.

### **Your Responsibility for Cost Differences of Chosen Medications**

You will be responsible for the applicable Copayment and/or Coinsurance for the brand-name medication or specialty medication at the time of purchase. Unless you have an approved Formulary Exception, you will also be responsible for paying excess costs above your applicable cost-share if either of the following occur:

- If you choose to fill a prescription order with a brand-name medication and an equivalent generic medication is available, you will be responsible for paying the difference in cost; or
- If you choose to fill a prescription order with a specialty medication and a specialty biosimilar medication is available, you will be responsible for paying the difference in cost.

The excess cost does not apply toward any Prescription Benefit Deductible or Prescription Benefit Out-of-Pocket Maximum. If the prescribing provider specifies that the brand-name medication or specialty medication must be dispensed, you will still be responsible for the excess in cost unless a Formulary Exception has been approved.

### **Pharmacy Network Information**

In addition to University of Utah Health Pharmacies, a nationwide network of other Participating Pharmacies is available to you. You can find other Participating Pharmacies on the Claims Administrator's website or by contacting Customer Service at 855-413-6399.

You must present your identification card to identify yourself as a member of this Plan when obtaining Prescription Medications from a Pharmacy or Home Delivery Supplier. If you do not present your identification card, you may be charged more than the Covered Prescription Medication Expense.

### **Claims Submitted Electronically**

University of Utah Health Pharmacies and other Participating Pharmacies will submit claims electronically. If a Nonparticipating Pharmacy provides your Prescription Medication and submits the claim electronically, the Plan will pay the Nonparticipating Pharmacy directly. Nonparticipating Pharmacies, however, may charge amounts in excess of Covered Prescription Medication Expenses. If that happens, you will be responsible for the excess amounts, as well as any Deductible, Copayment and/or Coinsurance shown electronically to the Nonparticipating Pharmacy at the time of purchase.

### **Claims Not Submitted Electronically**

It is best to use University of Utah Health Pharmacies or other Participating Pharmacies so your claims can be submitted electronically, and so you won't have to pay the difference between the pharmacy's charges and the Covered Prescription Medication Expense in addition to your Deductible, Copayment and/or Coinsurance.

However, when a claim is not submitted electronically, you must pay for the Prescription Medication in full at the time of purchase. For reimbursement, complete a Prescription Medication claim form and mail a copy of the form and the Prescription Medication receipt to the Claims Administrator. To find the Prescription Medication claim form visit the Claims Administrator's website or contact Customer Service.

The Plan will reimburse you directly based on the Covered Prescription Medication Expense, minus the applicable Deductible, Copayment and/or Coinsurance that would have been required had the Prescription Medication been purchased from a University of Utah Health Pharmacy or other Participating Pharmacy.

## Home Delivery

You can use home delivery services to purchase covered Prescription Medications. Home delivery coverage applies when Prescription Medications are purchased from a Home Delivery Supplier, and the claim is submitted electronically. Not all Prescription Medications are available from Home Delivery Suppliers.

To purchase Prescription Medications through the mail, send all of the following items to the Home Delivery Supplier at the address shown on the prescription home delivery form (which also includes refill instructions) available on the Claims Administrator's website:

- a completed prescription home delivery form;
- any Deductible, Copayment and/or Coinsurance; and
- the original Prescription Order.

## Prescription Medications Dispensed by Excluded Pharmacies

The Claims Administrator does not permit excluded pharmacies to submit claims after the excluded pharmacies have been added to the Office of the Inspector General (OIG) list. A pharmacy may be excluded if it has been investigated by the OIG and appears on the OIG's exclusion list.

You will be notified if you are receiving medications from a pharmacy that is later determined to be an excluded pharmacy so that you may obtain future Prescription Medications from a non-excluded pharmacy. Up to the time of notification, your previously submitted claims will still be processed.

## Refills

Refills obtained from:

- A pharmacy is covered when you have taken 75 percent of the previous prescription;
  - Except as based upon state law, controlled substance medications may be refilled only after you have taken 85 percent of the previous prescription.
- A Home Delivery Supplier is covered after you have taken all but 20 days of the previous prescription order.

However, if you:

- Choose to refill your Prescription Medications sooner; you will be responsible for the full cost of the Prescription Medication, and those costs will not apply toward any Deductible and/or Out-of-Pocket Maximum.
- Feel you need a refill sooner than allowed, a refill exception will be considered on a case-by-case basis. You may request an exception by calling Customer Service at 855-413-6399.

## Discounts or Manufacturer Coupons

Any reduction in your cost-sharing resulting from the use of any discount or a drug manufacturer coupon may not apply toward the Prescription Medication Deductible or Prescription Medication Out-of-Pocket Maximum.

## LIMITATIONS

The following limitations apply to this Prescription Medications section, except for certain preventive medications as specified in the Covered Prescription Medications Section:

### Prescription Medication Supply Limits

- 30-Day Supply Limit:
  - **Specialty Medications** – The largest allowable quantity for a Specialty Medication purchased from a University of Utah Health Specialty Pharmacy or Specialty Pharmacy is a 30-day supply.
  - The first fill for Specialty Medications is allowed at a Network Pharmacy of your choosing. Additional fills must be provided at a University of Utah Health Specialty Pharmacy or Specialty Pharmacy suggestion determined during the preauthorization process. However, some Specialty Medications must have the first and subsequent fills at a University of Utah Health Specialty Pharmacy or Specialty Pharmacy. For more information on those medications, visit the Claims Administrator's website or contact Customer Service.
- 90-Day Supply Limit:
  - **Pharmacy** – The largest allowable quantity of a Prescription Medication purchased from a pharmacy is a 90-day supply. A provider may prescribe, or you may purchase, some medications in smaller quantities. The Copayment and/or Coinsurance is based on each 30-day supply.
  - **Home Delivery Supplier** – the largest allowable quantity of a Prescription Medication purchased from a Home Delivery Supplier is a 90-day supply. A Provider may prescribe or you may purchase some medications in smaller quantities.
  - **Multiple-Month Supply** – The largest allowable quantity of a covered Prescription Medication that is packaged exclusively in a multiple-month supply and is purchased from a pharmacy is a 90-day supply (even if the packaging includes a larger supply). The

availability of that supply at a given pharmacy or time is not a factor in identifying the smallest multiple-month supply. The Copayment and/or Coinsurance is based on the prescription order up to a 30-day supply within that multiple-month supply.

- **Maximum Quantity Limit**
  - For certain Prescription Medications, the Claims Administrator establishes maximum quantities other than those described previously. This means that, for those medications, there is a limit on the amount of medication that will be covered during a specified period of time. The Claims Administrator uses information from the FDA and from scientific publications to establish these maximum quantities. When you take a prescription order to a University of Utah Health Pharmacy or other Participating Pharmacies or request a Prescription Medication refill and use your identification card, the pharmacy will let you know if a quantity limitation applies to the medication. You may also find out if a limit applies by contacting Customer Service at 855-413-6399.
  - For certain Self-Adminstrable Cancer Chemotherapy Medications, due to safety factors and the Claimant's ability to tolerate these medications, the Prescription Medication may be reduced to an initial 14-day or 15-day supply before larger quantities are dispensed.
  - Any amount over the established maximum quantity is not covered, except if the Claims Administrator determines the amount is medically necessary. The prescribing provider must provide medical information in order to establish whether the amount in excess of the established maximum quantity is medically necessary.

## **EXCLUSIONS**

The following exclusions apply to this Prescription Medications Benefit and are not covered:

### **Biological Sera, Blood or Blood Plasma**

#### **Bulk Powders**

Except as included on the Claims Administrator's Formulary and presented with a prescription order, bulk powders are not covered.

#### **Cosmetic Purposes**

Prescription Medications used for cosmetic purposes, including, but not limited to:

- removal, inhibition or stimulation of hair growth, except as related to a covered medical condition;
- anti-aging; or
- repair of sun-damaged skin.

#### **Devices or Appliances**

Except as listed in the Formulary, devices or appliances of any type, even if they require a prescription order, are not covered.

#### **Diagnostic Agents**

Except as provided in the Formulary, diagnostic agents used to aid in diagnosis rather than treatment are not covered (examples of covered diagnostic agents include diabetic testing supplies and continuous glucose monitors as listed on the Formulary).

#### **Digital Therapeutics**

Except as included on the Formulary and presented with a prescription order, digital therapeutics are not covered.

#### **Food Supplements, Special Formulas and Special Diets**

Food supplements, special formulas and special diets are not covered Prescription Medication Benefits. They may be covered under your Plan's medical benefits.

#### **Foreign Prescription Medications**

Except for the following, Prescription Medications obtained from a pharmacy outside the United States are not covered:

- Prescription Medications associated with an emergency medical condition while you are traveling outside the United States; or
- Prescription Medications you purchase while residing outside the United States.

These exceptions apply only to medications with an equivalent FDA-approved Prescription Medication that would be covered in this section if obtained in the United States.

#### **General Anesthetics**

General anesthetics are not covered Prescription Medication Benefits. They may be covered under your Plan's medical benefits.

#### **Investigational/Experimental Medications**

## **Medical Foods**

Medical foods are not covered Prescription Medication Benefits. They may be covered under your Plan's medical benefits.

## **Medications that are Not Considered Self-Adminstrable**

Except as specifically indicated in this Prescription Medications Benefit document, medications that are not considered self-adminstrable are not covered Prescription Medication Benefits. They may be covered under your Plan's medical benefits.

## **Non-Medicinal Substances**

The following non-medicinal substances, regardless of intended use, are not covered Prescription Medication Benefits. They may be covered under your Plan's medical benefits:

- therapeutic devices or appliances, including hypodermic needles;
- syringes (except insulin syringes);
- support garments; and
- other non-medicinal substances.

## **Non-prescription Medications**

Except for the following, non-Prescription Medications that by law do not require a Prescription Order are not covered:

- medications included on the Claims Administrator's Formulary; and
- medications approved by the FDA.

Non-Prescription Medications, include, but are not limited to:

- over-the-counter medications;
- vitamins;
- minerals;
- food supplements;
- homeopathic medicines;
- nutritional supplements; and
- any medications listed as over-the-counter in standard drug references, regardless of state law prescription requirements, such as pseudoephedrine and cough syrup products.

## **Other Party Liability**

Prescription Medications which an eligible person is entitled to receive without charge under any worker's compensation laws, or any municipal, state, or federal program are not covered.

## **Over-the-Counter Medications**

### **Pigmenting/Depigmenting Agents**

Except as required to treat photosensitive conditions, such as psoriasis, pigmenting/depigmenting agents are not covered.

### **Prescription Medications Dispensed in a Facility**

Prescription Medications dispensed to you while you are a patient in a hospital, skilled nursing facility, nursing home or other health care institution. They may be covered under your Plan's medical benefits. Medications dispensed upon discharge may be eligible Prescription Medications if obtained from a pharmacy.

### **Prescription Medications Dispensed in Connection with Participation in a Clinical Trial**

### **Prescription Medications Found to be Less than Effective under Drug Efficacy Safety Implementation (DESI)**

### **Prescription Medications Not Approved by the FDA**

### **Prescription Medications Not Dispensed by a Pharmacy Pursuant to a Prescription Order**

### **Prescription Medications Not on the Formulary**

Except as provided through the Formulary Exception Process, Prescription Medications that are not on the Formulary are not covered.

### **Prescription Medications Not within a Provider's License**

Prescription Medications prescribed by providers who are not licensed to prescribe medications (or that particular medication) or who have a restricted professional practice license.

## **Prescription Medications with No FDA Proven Therapeutic Indication**

### **Prescription Medications with Therapeutic Alternatives**

Except for higher cost Prescription Medications that are medically necessary, Prescription Medications for which there are covered therapeutically equivalent (similar safety and efficacy) alternatives or over-the-counter (non-prescription) alternatives are not covered.

### **Prescription Medications without Examination**

Except as provided in the Virtual Care benefit, whether the prescription order is provided by mail, telephone, internet or some other means, Prescription Medications without a recent and relevant in-person examination by a provider, are not covered. Additionally, this exclusion does not apply to a provider or pharmacist who may prescribe an opioid antagonist to a Claimant who is at risk of experiencing an opiate-related overdose. An examination is "recent" if it occurred within 12 months of the date of the prescription order and is "relevant" if it involved the diagnosis, treatment or evaluation of the same or a related condition for which the Prescription Medication is being prescribed.

### **Professional Charges for Administration of Any Medication**

#### **Refills**

Any Prescription Medication refilled in excess of the number specified by the physician, or any refill dispensed after one year from the physician's original prescription order is not covered.

### **Repackaged Medications, Institutional Packs and Clinic Packs**

## **APPEALS**

### **Level of Appeals**

- Level 1: A participant has 180 days after receiving the notice of an initial denial to file an appeal with RealRx. This is reviewed by a pharmacist other than initial reviewer
- Level 2: A participant has 60 days after receiving the notice of an appeal denial to file an appeal with RealRx. This is reviewed by a Medical Director.
- Level 3: A participant can appeal a second-level appeal to the University's Medically Appropriate Review Committee. This is reviewed by a committee consisting of physicians employed by University of Utah Health, one member of University Human Resource Management who is not involved in any employment decisions, and a legal advisor from the University's Office of General Counsel. The committee will not include your health care Provider.

## **DEFINITIONS**

The following definitions apply to this Prescription Medications Benefit:

Brand-Name Medication - Prescription Medication that is marketed and sold by limited sources or is listed in widely accepted references as a brand-name medication based on manufacturer and price.

Compound Medication - Two or more medications or chemicals that are mixed together by a Pharmacist. To be covered, compound medications must contain a Prescription Medication that has been approved by the FDA and may be subject to review for medical necessity.

Covered Prescription Medication Expense - The total payment that a Participating Pharmacy or Home Delivery Supplier has contractually agreed to accept as full payment for a Prescription Medication. A Participating Pharmacy or Home Delivery Supplier may not charge you more than the Covered Prescription Medication Expense for a Prescription Medication.

Formulary - The Claims Administrator's list of selected covered Prescription Medications. The Claims Administrator established and routinely reviews and updates the Formulary. It is available on the Claims Administrator's website or by calling Customer Service. Medications are reviewed and selected for inclusion on the Claims Administrator's Formulary by an outside committee of Providers, including Physicians and Pharmacists.

Generic Medication - A Prescription Medication that is equivalent to a Brand-Name Medication and is listed in widely accepted references as a Generic Medication. "Equivalent" means the FDA ensures that the Generic Medication has the same active ingredients, meets the same manufacturing and testing standards, and is as safe and as effective as the Brand-Name Medication. Medications available only from one source (also referred to as "single source") are not considered Generic Medications. If listings in widely accepted references are conflicting or indefinite about whether a Prescription Medication is a Generic or Brand-Name Medication, the Claims Administrator will decide.

Home Delivery Supplier - A home delivery pharmacy with which the Claims Administrator has contracted for home delivery services.

Nonparticipating Pharmacy - A pharmacy with which the Claims Administrator neither has a contract nor has contracted access to any network it belongs to.

Participating Pharmacy - Either a pharmacy with which the Claims Administrator has a contract, or a pharmacy that participates in a network for which the Claims Administrator has contracted to have access.

Pharmacist - An individual licensed to dispense Prescription Medications, counsel a patient about how the medication works for any possible adverse effects and perform other duties as described in their state's pharmacy practice act.

Pharmacy - Any duly licensed outlet in which Prescription Medications are dispensed.

Pharmacy and Therapeutics (P&T) Committee - An officially chartered group of practicing Physicians and Pharmacists who review the medical and scientific literature regarding medication use. The P&T Committee also provides input and oversight of the development of the Claims Administrator's Formulary and medication policies. Additionally, the P&T Committee is free from conflict of interest of drug manufacturers and the majority of whom are also free from conflict of interest of your coverage.

Prescription Medications and Prescribed Medications - Medications and biologicals that:

- relate directly to the treatment of an illness or injury;
- legally cannot be dispensed without a Prescription Order;
- by law must bear the legend, "Prescription Only"; or
- are specifically included in the Formulary.

Prescription Order - A written prescription, oral or electronic request for Prescription Medications issued by a provider who is licensed to prescribe medications.

Self-Adminstrable Prescription Medications, Self-Adminstrable Medications, Self-Adminstrable Injectable Medication or Self-Adminstrable Cancer Chemotherapy Medication - A Prescription Medication labeled by the manufacturer as intended to be safely administered by you or your caregiver outside a medically supervised setting (such as a Hospital, Physician's office or clinic). Self-Adminstrable Cancer Chemotherapy Medications include oral Prescription Medications used to kill or slow the growth of cancerous cells. Information from the manufacturer, scientific literature, practice standards, Medicare practices, Medical Necessity and other information that is considered a relevant and reliable indication of safety and acceptability is used to determine a Self-Adminstrable Medication. The Claims Administrator does not consider your status, such as your ability to administer the medication, when determining whether a medication is self-adminstrable.

Specialty Biosimilar Medication - An FDA-approved Prescription Medication that has a biological similarity to a Specialty Medication. The Specialty Biosimilar Medication is identical in function to the comparable Specialty Medication and may be more cost efficient. Similar to the FDA's requirements for a generic equivalent, a Specialty Biosimilar Medication must meet the same manufacturing and testing standards and must be as safe and effective as the comparable Specialty Medication.

Specialty Medications – A medication that may be used to treat complex conditions, including, but not limited to:

- multiple sclerosis;
- rheumatoid arthritis;
- cancer;
- clotting factor for hemophilia or similar clotting disorders; and
- Hepatitis C.

Information from the manufacturer, scientific literature, practice standards, Medicare practices and other information that is considered relevant and reliable is used to determine a Specialty Medication. For a list of such medications, visit the Claims Administrator's website or contact Customer Service.

Specialty Pharmacy - A pharmacy or designated Hemophilia Treatment Center (HTC) that specializes in the distribution and medication management services of high-cost Self-Adminstrable Injectable Medications and Specialty Medications. The University of Utah Infusion Pharmacy is the Plan's preferred Specialty Pharmacy. Contact the Home Infusion Pharmacy at (801) 587-8600. To find another Specialty Pharmacy, visit the Claims Administrator's website or contact Customer Service at 855-413-6399.

Tier 1 – Prescription Medications that provide the highest overall value. Includes Generic Medications but may include some Brand-Name Medications.

Tier 2 - Prescription Medications that provide moderate overall value. This usually includes Brand-Name Medications that are categorized based on how well they work and/or their cost compared to other medications that treat the same condition.

Tier 3 - Prescription Medications that provide lower overall value. This usually includes Brand-Name Medications that are categorized based on how well they work and/or their cost compared to other medications that treat the same condition.

Tier 4 - Specialty Medications.