

COMMUNITY FIRST INSURANCE PLANS

OUTPATIENT PRESCRIPTION RIDER

Pharmacy Benefits

Definitions

In addition to the applicable terms provided in the **DEFINITIONS** section of this Policy, the following terms will apply specifically to this **PHARMACY BENEFITS** section.

Allowable Amount means the maximum amount determined by the plan to be eligible for consideration of payment for a particular covered drug. As applied to Participating Pharmacies the Allowable Amount is based on the provisions of the contract between Community First and the Participating Pharmacy in effect on the date of service. As applied to **Prescription Drugs Purchased Outside of the Service Area**, the Allowable Amount is based on the Participating Pharmacy contract rate.

Brand Name Drug means a drug or product manufactured by a single manufacturer as defined by a nationally recognized Provider of drug product database information. There may be some cases where two manufacturers will produce the same product under one license, known as a co-licensed product, which would also be considered as a Brand Name Drug. There may also be situations where a drug's classification changes from generic to Preferred Brand Name due to a change in the market resulting in the generic being a single source, or the drug product database information changing, which would also result in a corresponding change in Copayment obligations from generic to Preferred Brand Name.

Copayment means the dollar amount paid by the Member for each Prescription Order filled or refilled through a Participating Pharmacy.

Drug List means a list of all drugs that may be covered under Your Pharmacy Benefits. The Drug List is available by accessing the website at www.bcbstx.com. You may also contact customer service at the toll-free number on Your identification card for more information.

Generic Drug means a drug that has the same active ingredient as the Brand Name Drug and is allowed to be produced after the brand name drug's patent has expired. In determining the brand or generic classification for covered drugs and corresponding Member Copayment responsibility, Community First utilizes the generic/brand status assigned by a nationally recognized Provider of drug product database information. The Drug List identifying preferred and non-preferred Generic Drugs is available by accessing the website at www.cfhp.com; or You may contact customer service at the toll-free number on Your identification card.

Health Care Practitioner means an advanced practice nurse, doctor of medicine, doctor of dentistry, physician assistant, doctor of osteopathy, doctor of podiatry, or other licensed person with prescription authority.

Legend Drug means a drug, biological, or compounded prescription which is required by law to have a label stating "Caution - Federal Law Prohibits Dispensing Without a Prescription," and which are approved by the FDA for a particular use or purpose.

National Drug Code (NDC) means a national classification system for the identification of drugs.

Non-Preferred Brand Name Drug means Brand Name Drug which appears on the applicable Drug List and is subject to the Non-Preferred Brand Name Drug Copayment. The Drug List is available by accessing the website at www.cfhp.com.

Participating Pharmacy means an independent retail Pharmacy, chain of retail Pharmacies, mail-order program Pharmacy or a Specialty Pharmacy Provider which have entered into a written agreement with Community First to provide pharmaceutical services to Members under this Policy.

Pharmacy means a state and federally licensed establishment where the practice of pharmacy occurs, that is physically separate and apart from any Provider's office, and where Legend Drugs and devices are dispensed under Prescription Orders to the general public by a pharmacist licensed to dispense such drugs and devices under the laws of the state in which he practices.

Preferred Brand Name Drug means a Brand Name Drug which appears on the applicable Drug List and is subject to the Preferred Brand Name Drug Copayment. This list is available by accessing the website at www.cfhp.com.

Prescription Order means a written or verbal order from Your authorized Health Care Practitioner to a pharmacist for a drug or device to be dispensed.

Specialty Drugs means a high cost prescription drug that meets any of the following criteria:

- (1) used in limited patient populations or indications,
- (2) typically self-injected,
- (3) limited availability, requires special dispensing, or delivery and/or patient support is required and therefore, they are difficult to obtain via traditional Pharmacy channels,
- (4) complex reimbursement procedures are required, and/or
- (5) a considerable portion of the use and costs are frequently generated through office-based medical claims.

Specialty Pharmacy Provider means a Participating Pharmacy which has entered into a written agreement with Community First to provide Specialty Drugs to Members under this Policy.

Covered Drugs

Benefits for Medically Necessary covered drugs prescribed to treat You for a chronic, disabling, or life-threatening illness covered by Community First are available if the drug is on the applicable Drug List and has been approved by the United States Food and Drug Administration (FDA) for at least one indication and is recognized by the following for treatment of the indication for which the drug is prescribed:

- a prescription drug reference compendium approved by the Texas Department of Insurance, or
- substantially accepted peer-reviewed medical literature.

As new drugs are approved by the Food and Drug Administration (FDA), such drugs, unless the intended use is specifically excluded by Community First, may be eligible for benefits if included on the applicable Drug List. Some equivalent drugs are manufactured under multiple brand names. In such cases, Community First may limit benefits to only one of the brand equivalents available.

You are responsible for any Copayments for covered drugs shown in the SCHEDULE OF COPAYMENTS AND BENEFIT LIMITS and any pricing differences that may apply to the covered drug

dispensed.

Injectable Drugs. Injectable drugs approved by the FDA for self-administration are covered. Injectable drugs include, but are not limited to, insulin and Imitrex.

The day supply of disposable syringes and needles You will need for self-administered injections will be limited on each occasion dispensed to amounts appropriate to the dosage amounts of covered injectable drugs actually prescribed and dispensed, but cannot exceed 100 syringes and needles per Prescription Order in a 30-day period.

Diabetes Supplies for Diabetes Care. Insulin, insulin analogs, insulin pens, insulin syringes, needles, injection devices, glucagon emergency kits, lancets, lancet devices, blood glucose monitors, glucose meter solution, test strips specified for use with a corresponding blood glucose monitor, visual reading strips and urine and blood testing strips, and tablets which test for glucose, ketones, and protein, and prescriptive and nonprescriptive oral agents for controlling blood sugar levels are covered.

A separate Copayment will apply to each fill of a prescription purchased on the same day for insulin and insulin syringes.

Cost-sharing for insulin that is on the formulary cannot exceed \$25 per prescription for a 30 day supply. A formulary must include at least one insulin from each therapeutic call.

Texas now requires emergency refills of insulin and insulin related equipment to be covered in the same manner as a non-emergency refill.

Preventive Care. Over-the-counter drugs which have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force (“USPSTF”) or as required by state law will be covered and will not be subject to any Copayment or dollar maximums.

Vaccinations obtained through certain Participating Pharmacies. Benefits for vaccinations are shown in the SCHEDULE OF COPAYMENTS AND BENEFIT LIMITS. These vaccinations are available through certain Participating Pharmacies that have contracted with Community First to provide this service. To locate one of these Participating Pharmacies in Your area and to determine which vaccinations are

covered under this benefit, contact customer service at the toll-free number on Your identification card. Each Participating Pharmacy that has contracted with Community First to provide this service may have age, scheduling, or other requirements that will apply, so you are encouraged to contact them in advance. Formulas for the Treatment of Phenylketonuria or Other Heritable Diseases. Dietary formulas necessary for the treatment of phenylketonuria or other heritable diseases are covered.

Amino Acid-Based Elemental Formulas. Formulas, regardless of the formula delivery method, used for the diagnosis and treatment of:

- Immunoglobulin E and non-immunoglobulin E mediated allergies to multiple food proteins;
- Severe food protein-induced enterocolitis syndromes;
- Eosinophilic disorders, as evidenced by the results of biopsy; and
- Disorders affecting the absorptive surface, functional length, and motility of the gastrointestinal tract.

A Prescription Order from your Health Care Practitioner is required.

Orally Administered Anticancer Medication. Benefits are available for Medically Necessary orally

administered anticancer medication that is used to kill or slow the growth of cancerous cells. Copayments will not apply to certain orally administered anticancer medications. To determine if a specific drug is included in this benefit contact customer service at the toll-free number on Your identification card.

Specialty Drugs. Benefits are available for Specialty Drugs as described in Specialty Pharmacy Program.

Selecting a Pharmacy

When You need a Prescription Order filled, You should use a Participating Pharmacy. Each prescription or refill is subject to the Copayment shown in the SCHEDULE OF COPAYMENTS AND BENEFIT LIMITS.

Participating Pharmacy. When You go to a Participating Pharmacy, You must pay any Copayment and any applicable pricing differences. You may be required to pay for limited or non-Covered Services. No claim forms are required. If You are unsure whether a Pharmacy is a Participating Pharmacy, You may access the website at www.cfhp.com or contact member services at the toll-free number on Your identification card.

Mail-Order Program. If You elect to use the mail-order service, You must mail Your Prescription Order to the address provided on the mail-order prescription form and send in Your payment for each prescription filled or refilled. Each prescription or refill is subject to the Copayment shown in the SCHEDULE OF COPAYMENTS AND BENEFIT LIMITS and any applicable pricing differences, payable by Member directly to the mail order Pharmacy.

Some drugs may not be available through the mail-order program. If You have any questions about this mail-order program, need assistance in determining the amount of Your payment, or need to obtain the mail-order prescription claim form, access the website at www.cfhp.com or contact member services at the toll-free number on Your identification card. Mail the completed form, Your Prescription Order(s) and payment to the address indicated on the form.

Prescription Drugs Purchased Outside of the Service Area. Community First will not reimburse You for prescription drugs purchased outside of the EPO formulary.

Your Cost

How Copayment Amounts Apply. If the Allowable Amount of the Drug is less than the Copayment, You pay the lower cost. You will pay no more than the applicable Preferred Brand Name Drug or Non-Preferred Brand Name Drug Copayment if the prescription has no generic equivalent. If You receive a Brand Name Drug when a generic equivalent is available, the Copayment will be the total of the Generic Drug Copayment plus the difference between the cost of the Generic Drug equivalent and the cost of the Brand Name Drug.

About Your Benefits

Covered Drug List. A list of all covered drugs is shown on the Drug List. Community First will periodically review the preferred drug list and adjust it to modify the preferred/non-preferred Brand Name Drug status of new and existing drugs. Changes to the Drug List will be implemented on the next renewal date of the Pharmacy Benefit Manager Agreement. The insured will receive at least a 60 day notice prior to

any such modification. The Drug List and any modifications thereto will be made available to Members. This list is available by accessing the website at www.cfhp.com or by member services at the toll-free number on Your identification card.

Exception Requests. If Your drug is not on the Drug List, You, Your authorized representative, or Your Health Care Practitioner can request an exception by contacting Community First at the telephone number on the back of Your ID card. Along with your request, Your Health Care Practitioner should submit a supporting statement explaining why the drug is needed to treat Your condition. Community First will provide notice of our decision no later than 72 hours after receipt of Your Health Care Practitioner's supporting statement. If approved, the drug will be covered at a cost-sharing level that Community First has pre-determined.

If you are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function, or if You are undergoing a current course of treatment using a drug that is not on the Drug List, expedited review may be requested. The supporting statement from Your Health Care Practitioner should indicate that an exigency exists, discuss the harm that could result if the requested drug is not provided on an expedited basis, and explain why the drug is needed to treat Your condition. Community First will provide notice of our decision no later than 24 hours after receipt of the supporting statement from Your Health Care Practitioner. If Your exception request is approved, the drug will be covered for the duration of the exigency at a cost sharing level pre-determined by Community First.

If your exception request is denied, You may appeal the decision as described in the COMPLAINT AND APPEAL PROCEDURES section of this Policy. You will also receive information about the appeals process with the denial letter.

Day Supply. Benefits for covered drugs obtained from a Participating Pharmacy are provided up to the maximum day supply limit as shown in the SCHEDULE OF COPAYMENTS AND BENEFIT LIMITS. Community First has the right to determine the day supply. Payment for benefits covered by Community First may be denied if drugs are dispensed or delivered in a manner intended to change, or having the effect of changing or circumventing, the stated maximum day supply limitation.

If You are leaving the country or need an extended supply of medications, call customer service at least two weeks before You intend to leave. Extended supplies or vacation override are not available through the mail-order program but may be approved through the retail Pharmacy only. In some cases, You may be asked to provide proof of continued membership eligibility under the Policy.

Dispensing/Quantity Versus Time Limits. The maximum quantity of a given prescription drug indicates the number of units to be dispensed and is determined based on pertinent medical information and clinical efficacy and safety. Quantities of some drugs are restricted regardless of the quantity ordered by the Health Care Practitioner. To determine if a specific drug is subject to this limitation, You may access the website at www.cfhp.com or contact member services at the toll-free number on Your identification card.

If a Prescription Order is written for a certain quantity of medication to be taken in a time period directed by a Health Care Practitioner, the Prescription Order will only be covered for a clinically appropriate predetermined quantity of medication for the specified amount of time. Dispensing limits are based upon FDA dosing recommendations and nationally recognized clinical guidelines.

If You require a Prescription Order in excess of the dispensing limit established by Community First, ask Your Health Care Practitioner to submit a request for clinical review on Your behalf. The Health Care Practitioner can obtain an override request form by accessing our website at www.cfhp.com.

Any pertinent medical information along with the completed form should be faxed to Clinical Pharmacy Programs at the fax number indicated on the form. The request will be approved or denied after evaluation of the submitted clinical information. Community First has the right to determine dispensing limits at its sole discretion. Payment for benefits covered by Community First may be denied if drugs are dispensed or delivered in a manner intended to change, or having the effect of changing or circumventing, the stated maximum quantity limitation.

Controlled Substance Limits. In the event Community First determines that a Member may be receiving quantities of a Controlled Substance not supported by FDA approved dosages or recognized treatment guidelines, any additional drugs may be subject to a review for medical necessity, appropriateness and other coverage restrictions such as limiting coverage to services by a certain Provider and/or Participating Pharmacy for the prescribing and dispensing of the Controlled Substance.

Certain Prescription Drug Payments and Refills. Community First may not require an enrollee to make a payment for a prescription drug at the point of sale in an amount greater than the lesser of:

- (1) the applicable copayment;
- (2) the allowable claim amount for the prescription drug; or
- (3) the amount an individual would pay for the drug if the individual purchased the drug without using a health benefit plan or any other source of drug benefits or discounts.

Community First covers prescription eye drops to treat a chronic eye disease or condition must allow the refill of prescription eye drops if the enrollee timely pays at the point of sale the maximum amount allowed by Subsection (a) and:

- (1) the original prescription states that additional quantities of the eye drops are needed;
- (2) the refill does not exceed the total quantity of dosage units authorized by the prescribing provider on the original prescription, including refills; and
- (3) the refill is dispensed on or before the last day of the prescribed dosage period and:
 - (A) not earlier than the 21st day after the date a prescription for a 30-day supply of eye drops is dispensed;
 - (B) not earlier than the 42nd day after the date a prescription for a 60-day supply of eye drops is dispensed; or
 - (C) not earlier than the 63rd day after the date a prescription for a 90-day supply of eye drops is dispensed.

Prescription Drug Synchronization.

- (a) A health benefit plan that provides benefits for prescription drugs shall prorate any cost-sharing amount charged for a partial supply of a prescription drug if:
 - (1) the pharmacy or the enrollee's prescribing physician or health care provider notifies the health benefit plan that:
 - (A) the quantity dispensed is to synchronize the dates that the pharmacy dispenses the enrollee's prescription drugs; and
 - (B) the synchronization of the dates is in the best interest of the enrollee; and
 - (2) the enrollee agrees to the synchronization.
- (b) The proration described by Subsection (a) must be based on the number of days' supply of the drug actually dispensed.

Step Therapy. Coverage for certain prescription drugs or drug classes is subject to a step therapy program.

Step therapy programs favor the use of clinically acceptable alternative medications that may be less costly for you prior to those medications on the step therapy list of drugs being covered under Community First.

The insured or the insured's prescribing provider may request or initiate the process for a step therapy exception by contacting Community First's Population Health Management team through our local or toll free numbers at 210-358-6400 or 1-888-512-2347. The team consists of clinical staff, to include pharmacists and pharmacy technicians, to assist you in an exception request.

As stated above, the insured member or prescribing provider may request a step-therapy exception. Below indicates how this may occur:

When You submit a Prescription Order to a Participating Pharmacy for one of these designated medications, the pharmacist will be alerted if the online review of Your prescription claims history indicates an acceptable alternative medication has not been previously tried. If so, a toll-free phone number will be provided to You for Your Health Care Practitioner to call and obtain additional program and criteria information. A list of step therapy medications is available to You and Your Health Care Practitioner on our website at www.cfhp.com or contact customer service at the toll-free number on Your identification card.

If it is Medically Necessary, coverage can be obtained for the prescription drugs or drug classes subject to the step therapy program without trying an alternative medication first. In this case, Your Health Care Practitioner must contact Community First to obtain prior authorization for coverage of such drug. If authorization is granted, the Health Care Practitioner will be notified and the medication will then be covered at the applicable Copayment.

Although You may currently be on step therapy, Your claim may need to be reviewed to see if the criteria for coverage of further treatment has been met. A documented treatment with a generic or brand therapeutic alternative medication may be required for continued coverage of the Brand Name Drug.

This provision does not apply to prescription drugs associated with the treatment of stage-four advanced, metastatic cancer or associated conditions.

If Community First does not deny the exception request within 72 hours of the request, the request is considered granted. In circumstances when the provider believes death or serious harm is probable, the request is considered granted if Community First does not deny the request before 24 hours. A denial of an exception is considered an adverse determination subject to an expedited review.

Prior Authorization. Coverage for certain designated prescription drugs is subject to prior authorization criteria. This means that in order to ensure that a drug is safe, effective, and part of a specific treatment plan, certain medications may require prior authorization and the evaluation of additional clinical information before dispensing. You and Your Health Care Practitioner may access a list of the medications which require prior authorization on our website at www.cfhp.com or contact customer service at the toll-free number on Your identification card.

When You submit a Prescription Order to a Participating Pharmacy for one of these designated medications, the pharmacist will be alerted online if Your Prescription Order is on the list of medications which require prior authorization before it can be filled. If this occurs, Your Health Care Practitioner will be required to submit an authorization request. This form may also be submitted by Your Health Care Practitioner in advance of the request to the Pharmacy. The Health Care Practitioner can obtain the authorization form by accessing our website at www.cfhp.com. The requested medication may be approved or denied for coverage by Community First based upon its accordance with established clinical criteria.

Right of Appeal. You have the right to appeal as explained in the COMPLAINT AND APPEAL PROCEDURES section of this Policy.

Limitations and Exclusions

Pharmacy benefits are not available for:

1. Drugs that are not shown on the Drug List.
2. Drugs which by law do not require a Prescription Order from an authorized Health Care Practitioner and Legend Drugs or covered devices for which no valid Prescription Order is obtained. (Insulin, insulin analogs, insulin pens, prescriptive and nonprescriptive oral agents for controlling blood sugar levels, and vaccinations administered through certain Participating Pharmacies shown in the **SCHEDULE OF COPAYMENTS AND BENEFIT LIMITS** are covered.)
3. Prescription drugs if there is an over-the-counter product available with the same active ingredient(s) in the same strength, unless otherwise determined by Community First.
4. Drugs required by law to be labeled: “Caution - Limited by Federal Law to Investigational Use,” or Experimental drugs, even though a charge is made for the drugs.
5. Drugs, that the use or intended use of would be illegal, unethical, imprudent, abusive, not Medically Necessary, or otherwise improper.
6. Drugs obtained by unauthorized, fraudulent, abusive, or improper use of the identification card.
7. Drugs used or intended to be used in the treatment of a condition, sickness, disease, injury, or bodily malfunction that is not covered under Community First, or for which benefits have been exhausted.
8. Drugs injected, ingested, or applied in a Provider’s office or during confinement while a patient in a Hospital, or other acute care institution or facility, including take-home drugs; and drugs dispensed by a nursing home or custodial or chronic care institution or facility.
9. Drugs for which the Pharmacy’s usual retail price to the general public is less than or equal to the Copayment.
10. Drugs purchased from a non-Participating Pharmacy in the Service Area.
11. Devices or Durable Medical Equipment (DME) such as but not limited to therapeutic devices, including support garments and other non-medicinal substances, even though such devices may require a Prescription Order. (Disposable hypodermic needles, syringes for self-administered injections and contraceptive devices are covered). However, You do have certain DME benefits available under the **Durable Medical Equipment** section in **COVERED SERVICES AND BENEFITS**. Coverage for female contraceptive devices and the rental (or, at Community First’s option the purchase) of manual or electric breast pumps is provided as indicated under the **Health Maintenance and Preventives Services** section in **Covered Services and Benefits**
12. Male contraceptive devices, including over-the-counter contraceptive products such as condoms; female contraceptive devices, including over-the-counter contraceptive products such as spermicide, when not prescribed by a Participating Provider.
13. Any special services provided by a Pharmacy, including but not limited to counseling and delivery. Vaccinations shown in the **SCHEDULE OF COPAYMENTS AND BENEFIT LIMITS** administered through

certain Participating Pharmacies are an exception to this exclusion.

14. Drugs dispensed in quantities in excess of the day supply amounts indicated in the **SCHEDULE OF COPAYMENTS AND BENEFIT LIMITS**, or refills of any prescriptions in excess of the number of refills specified by the authorized Health Care Practitioner or by law, or any drugs or medicines dispensed more than one (1) year after the Prescription Order date.
15. Administration or injection of any drugs.
16. Injectable drugs except Specialty Drugs or those approved by the FDA for self-administration.
17. Legend Drugs which are not approved by the FDA for a particular use or purpose or when used for a purpose other than the purpose for which the FDA approval is given, except as required by law or regulation.
18. Non-commercially available compounded medications, regardless of whether or not one or more ingredients in the compound requires a Prescription Order (Non-commercially available compounded medications are those made by mixing or reconstituting ingredients in a manner or ratio that is inconsistent with United States Food and Drug Administration-approved indications provided by the ingredients' manufacturers.)
19. Fluids, solutions, nutrients, or medications (including all additives and chemotherapy) used or intended to be used by intravenous, intramuscular unless approved by the FDA for self-administration, intrathecal, intraarticular injection or gastrointestinal (enteral) infusion in the home setting.
20. Vitamins (except those vitamins which by law require a Prescription Order and for which there is no non-prescription alternative).
21. Allergy serum and allergy testing materials. However, You do have certain benefits available under **Allergy Care** in **COVERED SERVICES AND BENEFITS**.
22. Athletic performance enhancement drugs.
23. Rogaine, minoxidil or any other drugs, medications, solutions, or preparations used or intended for use in the treatment of hair loss, hair thinning or any related condition, whether to facilitate or promote hair growth, to replace lost hair, or otherwise.
24. Any prescription antiseptic or fluoride mouthwashes, mouth rinses or topical oral solutions or preparations.
25. Cosmetic drugs used primarily to enhance appearance, including, but not limited to, correction of skin wrinkles and skin aging.
26. Retin A or pharmacologically similar topical drugs.
27. Drugs prescribed and dispensed for the treatment of obesity or for use in any program of weight reduction, weight loss or dietary control.
28. Drugs to treat sexual dysfunction including but not limited to sildenafil citrate, phentolamine, apomorphine, and alprostadil in oral and topical form.
29. Drugs for the treatment of Infertility (oral and injectable).

30. Prescription Orders which do not meet the required step therapy criteria.
31. Prescription Orders which do not meet the required prior authorization criteria.
32. Some equivalent drugs manufactured under multiple brand names. Community First may limit benefits to only one of the brand equivalents available. If You do not accept the brand that is covered under this Policy, the Brand Name Drug purchases will not be covered under any benefit level.
33. Replacement of drugs or other items that have been lost, stolen, destroyed or misplaced.
34. Shipping, handling, or delivery charges.
35. Brand Name Drugs in a drug class where there is an over-the-counter alternative available.
36. Prescription Orders written by a member of Your immediate family, or a self-prescribed Prescription Order.
37. Drugs which are repackaged by anyone other than the original manufacturer