



Colorado Choice Health Plans

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Prescription Drug Benefit Description *(Preferred Generic/Preferred Brand/Non-Preferred Generic or Brand/ Injectables and High Cost Orals)*

Benefit:

Coverage includes medically necessary legend drugs, (may require prior authorization), oral contraceptives, injectable insulin on prescription only, compound medications of which at least one ingredient is a prescription legend drug and any other drug which, under law, may only be dispensed by written prescription of a duly licensed Participating Provider (e.g., physician, dentist, etc.).

Qualifications:

All drugs must be prescribed by a Participating Provider (e.g., physician, dentist, etc.) or by a Provider under written referral. All prescriptions must be dispensed by a Participating Pharmacy. Medications must be dispensed in accordance with the Colorado Choice Drug Formulary. Drugs may be subject to a prior authorization requirement.

All prescriptions written for a medication for which a generic equivalent is available will be filled with an approved generic equivalent.

Copayments or Coinsurance (per prescription or refill):

Copayment and coinsurance amounts are established on a tiered basis. The Member pays a first-tier copayment for preferred generic drugs included in the formulary, a second-tier copayment for preferred brand-name drugs included in the formulary, a third-tier copayment for non-preferred brand-name and generic drugs not included in the formulary, and a fourth-tier coinsurance percentage of the allowed cost for any specialty drug. Specialty drugs include covered injectable drugs, other than insulin, and high cost oral agents, and may be subject to a prior authorization program. If a brand-name medication is requested when an approved generic equivalent is available, regardless of who makes the request, the Member will pay the cost difference between the generic and brand-name drug (ancillary charge), in addition to the copayment or coinsurance amount.

The applicable copayment or coinsurance covers the **lesser** of a 30-day supply or 100 unit supply or standard trade package, per prescription.

All copayments/coinsurance amounts are paid directly to the pharmacy at the time the prescription is filled.

Non-Participating Pharmacy Reimbursement:

Reimbursement (minus the applicable copayment or coinsurance amount) will be made for prescriptions filled by a Non-participating Pharmacy **for emergency care only**. The Member must submit a Direct Claims Reimbursement form to Colorado Choice. This form may be obtained by contacting Colorado Choice's Customer Service Department locally at 719-589-3696, or toll-free at 1-800-475-8466.

Exclusions:

- Any prescription in excess of a 30-day supply, 100 units or standard trade package is excluded from coverage (See insulin exception)
- Non-legend drugs other than insulin
- Injectables obtained through Pharmacy (other than insulin) that are not included in the Specialty formulary
- Legend drugs which have an over-the-counter equivalent (e.g. Monistat 7, Disobrom, etc.)
- Anorectics and diet formulations used for the purpose of weight loss
- Legend drugs that have been excluded from formulary coverage
- Medications for cosmetic purposes (e.g. topical Minoxidil - Rogaine, etc. or Retin A [tretinoin] for those age 29 and older).
- Nystatin oral powder or progesterone suppositories and oral suspension and growth hormones
- Benzoyl Peroxide, all forms (e.g. Desquam-X E, etc.)
- Medications with no approved indications (e.g. Yocon, etc.)
- Therapeutic devices or appliances, including needle syringes, support garments and other non-medicinal substances, regardless of intended use
- Immunization agents, biological sera, blood and blood plasma
- Charges for the administration or injection of any drug
- Prescriptions filled by Non-participating Pharmacies
- Prescriptions which an eligible person is entitled to receive without charge from any Worker's Compensation laws or automobile accident liability insurance
- Drugs that are labeled "Caution - limited by Federal law to investigational use", or experimental drugs even though a charge may be made to the recipient
- Refilling of a prescription in excess of the number specified or any refill dispensed after one year from the original order
- Drugs and medicines prescribed by other than Participating Providers (i.e. Physician, Dentist, etc.) or Providers under written referral, except in the event of emergency care.
- Medication which is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility convalescent hospital, nursing home or similar institution which operates on its premises, or allows to operate on its premises, a facility for dispensing medications.

Limitations:

- The amount of drug to be dispensed per filled prescription shall be for such quantities as directed by the Participating Provider (e.g., physician, dentist, etc.). In no event shall the quantity exceed the lesser of a 30-day supply or 100 units (100 units = 100 tablets) or a standard package, for example; inhalers will be dispensed at one inhaler per dispensing for one copayment regardless of days supply.
- For insulin, a maximum of two vials of the same type of insulin may be dispensed for one copayment.