

Prescription Drug Benefits

Along with your PEIA PPB Plan medical coverage, you also have prescription drug coverage. The prescription drug program is administered by Express Scripts. There are three parts to the program:

- the Retail Pharmacy Program gives you access to local participating pharmacies to get your prescriptions filled.
- the Express Scripts Mail Service Pharmacy Program lets you order your prescriptions through the mail, saving you time and money by having your maintenance medications delivered to your door.
- the Curascript Specialty Medication Program provides your common specialty medications through the mail, saving you time by having your medications delivered to your door or to your physician’s office.

Your prescription drug benefits pay for a wide range of medications, with differing copayments depending on where you purchase those drugs, and how large a supply you buy.

Deductible

During any plan year, if you or your eligible dependents incur expenses for covered prescription drugs, you must meet a deductible before the plan begins to pay. The deductibles are:

Prescription Drug Deductibles		
	PPB Plan A	PPB Plan B
Policyholder Only	\$75	\$150
Policyholder & Child(ren)	\$150	\$300
Family	\$150	\$300
Family with Employee Spouse	\$150	\$300

This means you will pay the amount listed in the chart above before the plan begins to pay.

The family deductible is divided up among the family members. No one member of the family will pay more than the individual deductible. Once that person has met the individual deductible, the plan will begin paying on that person. When another member of the family meets the individual deductible, then the plan will begin paying on the entire family. Alternatively, all members of the family may contribute to the family deductible with no one person meeting the individual deductible; once the family deductible is met, the plan pays on all members of the family. After you meet your deductible, you will pay copayments based on the amount and type of drug you’re taking. The following chart shows the copayments.

What You Pay

Once you meet your deductible, you pay a copayment to obtain drugs. Copayments are the portion of the cost that you are required to pay per new or refill prescription. The rest of the cost is paid by PEIA. Several factors determine your copayment.

Generic Drugs

The brand name of a drug is the product name under which the drug is advertised and sold. Generic medications have the same active ingredients and are subject to the same rigid U.S. Food and Drug Administration (FDA) standards for quality, strength and purity as their brand-name counterparts. Generic drugs usually cost less than brand-name drugs. Please ask your doctor to prescribe generic drugs whenever possible.

West Virginia Preferred Drug List (WVPDL)

The West Virginia Preferred Drug List (WVPDL) is a list of carefully selected medications that can assist in maintaining quality care while providing opportunities for cost savings to the member and the plan. Under this program, your plan requires you to pay a lower copayment for medications on the WVPDL and a higher copayment for medications not on the WVPDL. By asking your doctor to prescribe WVPDL medications, you can maintain high quality care while you help to control rising health-care costs.

Here's how the copayment structure works:

- **Highest Copayment:** You will pay the highest copayment for brand-name drugs that are not listed on the WVPDL.
- **Middle Copayment:** You will pay a mid-level copayment for brand-name drugs that are listed on the WVPDL.
- **Lowest Copayment:** You will pay the lowest copayment for generic drugs. Generic drugs are subject to the same rigid U.S. Food and Drug Administration standards for quality, strength and purity as their brand-name counterparts. Generic drugs usually cost less than brand-name drugs. Please ask your doctor to prescribe generic drugs for you whenever possible.

Sometimes your doctor may prescribe a medication to be “dispensed as written” when a WVPDL brand name or generic alternative drug is available. As part of your plan, an Express Scripts pharmacist or your retail pharmacist may discuss with your doctor whether an alternative formulary or generic drug might be appropriate for you. Your doctor always makes the final decision on your medication, and you can always choose to keep the original prescription at the higher copayment.

Drugs on the WVPDL are determined by the Express Scripts Pharmacy and Therapeutics Committee. The committee, made up of physicians, meets quarterly to review the medications currently on the Formulary, and to evaluate new drugs for addition to the Formulary. The Formulary may change periodically, based on the recommendations adopted by the committee.

If you have any questions, please call Express Scripts Member Services at 1-877-256-4680.

Prescription Drug Co-payments			
PEIA PPB Plan A			
	Up to a 30-day supply	31- to 60-day supply*	61- to 90-day supply*
Generic Drug	\$5	\$10	\$15
Brand-name drug listed on the WV Preferred Drug List	\$15	\$30	\$45
Brand-name drug not listed on the WV Preferred Drug List	\$50	\$100	\$150
Common Specialty Medication†	\$50	not available	not available
PEIA PPB Plan B			
Generic Drug	\$5	\$10	\$15
Brand-name drug listed on the WV Preferred Drug List	\$20	\$40	\$60
Brand-name drug not listed on the WV Preferred Drug List	\$50	\$100	\$150
Common Specialty Medication†	\$50	not available	not available
* For maintenance medications only. See the Maintenance Medications section for the list of qualifying medications. You may be able to get a discount on your maintenance medications through a Retail Maintenance Network pharmacy or through Mail Service. Read on for details.			
† Should your doctor prescribe or you request the brand-name Specialty Medication when a generic drug is available, you must pay the difference in price, plus the applicable Specialty Medication co-payment			
Should your doctor prescribe or you request the brand-name drug when a generic drug is available, you must pay the difference in price, plus the applicable generic co-payment.			

Prescription Out-of-Pocket Maximum

PEIA has an out-of-pocket maximum on drugs of \$1,750 for an individual and \$3,500 for a family. Once you have met the out-of-pocket maximum, PEIA will cover the entire cost of your prescriptions for the balance of the plan year. The out-of-pocket maximum only includes actual copays, not deductibles or other charges, and is separate from your medical out-of-pocket maximum.

Getting Your Prescriptions Filled

Using A Retail Network Pharmacy

Express Scripts has a nationwide network of pharmacies. To get a prescription filled, simply present your medical/prescription drug ID card at a participating Express Scripts pharmacy. You can purchase both acute and maintenance medications at an Express Scripts network pharmacy. You may refill your prescription when 75% of the medication is used up.

Your ID card contains personalized information that identifies you as a PEIA PPB Plan member, and ensures that you receive the correct coverage for your prescription drugs.

If you use an Express Scripts pharmacy, you do not have to file a claim form. The pharmacist will file the claim for you online, and will let you know your portion of the cost.

If you use a network pharmacy and choose not to have the pharmacist file the claim for you online, you will pay 100% of the prescription price at the time of purchase. You may submit the receipt with a completed claim form to Express Scripts for reimbursement. The prescription receipt must be attached to the form. You will usually be reimbursed within 21 days from receipt of your claim form. You will be reimbursed the amount PEIA would have paid, less your required copayment, your deductible (if applicable), and a \$3 fee. This reimbursement is usually less than you paid for the prescription.

If you need claim forms, call Express Scripts Member Services at 1-877-256-4680 or visit their website at www.express-scripts.com.

To find the participating pharmacies nearest you, call Express Scripts Member Services at 1-877-256-4680 and use the voice-activated Pharmacy Locator System. If you have Internet access, you can find a pharmacy online at www.express-scripts.com.

Using the Retail Maintenance Network

If you take a drug on a long-term basis, you may be able to purchase a 90-day supply of that drug if it is on the maintenance list (see the Maintenance Drug List later in this section). PEIA offers a Retail Maintenance Network of pharmacies that will fill your 90-day prescription for just two copayments. You can buy two months and get one month free. Check with your local pharmacist to verify participation.

Maintenance Drug Co-payments				
	PEIA PPB Plan A		PEIA PPB Plan B	
	Up to 30-day supply	31 to 90-day supply*	Up to 30-day supply	31 to 90-day supply*
Generic medication	\$5	\$10	\$5	\$10
Brand-name medication listed on the WV Preferred Drug List	\$15	\$30	\$20	\$40
Brand-name medication not listed on the WV Preferred Drug List	\$50	\$100	\$50	\$100

* For maintenance medications only. See the Maintenance Medications section for the list of qualifying medications.

Should your doctor prescribe or you request the brand-name drug when a generic drug is available, you must pay the difference in price, plus the applicable generic co-payment.

Using Non-Network Pharmacies

If you use a non-participating pharmacy, you will pay 100% of the prescription price at the time of purchase, and submit a completed claim form to Express Scripts. The prescription receipt must be attached to the form. You will usually be reimbursed within 21 days from receipt of your claim form. You will be reimbursed the amount PEIA would have paid at a participating pharmacy, less your required copayment, your deductible (if applicable), and a \$3 fee. This reimbursement is usually less than you paid for the prescription.

If you need claims forms, call Express Scripts Member Services at 1-877-256-4680 or visit their website at www.express-scripts.com.

Using the Express Scripts Mail Service Pharmacy Program

Express Scripts provides a convenient mail service pharmacy program for PEIA PPB Plan insureds. You may use the mail service pharmacy if you're taking medication to treat an ongoing health condition, such as high blood pressure, asthma, or diabetes. When you use the mail service pharmacy, you can order up to a 90-day supply of a medication on the maintenance list, as prescribed by your doctor, and pay only two copayments. You may refill your prescription when 66% of the medication is used up. Express Scripts' licensed professionals fill every prescription following strict quality and safety controls. If you have questions about your prescription, registered pharmacists are available around the clock to consult with you.

New Prescriptions and the Mail Service Pharmacy

If you want to use the mail service pharmacy, the first time you are prescribed a medication that you will need on an ongoing basis, ask your doctor for two prescriptions: the first for a 14-day supply to be filled at a participating retail pharmacy; the second, for up to a 90-day supply, to be filled through the mail service pharmacy. There are several ways to submit your mail service prescriptions. Just follow the steps below. Some restrictions apply.

1. Ordering new prescriptions. Ask your doctor to prescribe your medication for up to a 90-day supply for maintenance medications, plus refills if appropriate. Mail your prescription and required copayment along with an order form in the envelope provided. Or ask your doctor to fax your order to 1-800-636-9494. You will need to give your doctor your member ID number located on your ID card.
2. Refilling your medication. A few simple precautions will help ensure you don't run out of your prescription. Remember to reorder on or after the refill date indicated on the refill slip. Or reorder when you have less than 14 days of medication left.
 - Refills online: Log on to Express Scripts' website at www.express-scripts.com. Have your member ID number, the prescription number (it's the 9-digit number on your refill slip), and your credit card ready when you log on.
 - Refills by phone: Call 1-877-256-4680 and use the automated refill system. Have your member ID number, refill slip with the prescription number, and your credit card ready.
 - Refills by mail: Use the refill and order forms provided with your medication. Mail them with your copayment.
3. Delivery of your medication. Prescription orders receive prompt attention and, after processing, are usually sent to you by U.S. mail or UPS within two weeks. Your enclosed medication will include instructions for refills, if applicable. Your package may also include information about the purpose of the medication, correct dosages, and other important details.
4. Paying for your medication. You may pay by check, money order, VISA, MasterCard, Discover or American Express. Debit cards are not accepted for payment. Please note: The pharmacist's judgment and dispensing restrictions, such as quantities allowable, govern certain controlled substances and other prescribed drugs. Federal law prohibits the return of any dispensed prescription medicines.

Prior Authorization

Your prescription drug program provides coverage for some drugs only if they are prescribed for certain uses and amounts, so those drugs require prior authorization for coverage. Prior Authorization is handled by the Rational Drug Therapy Program (RDT). If your medication must be authorized, your pharmacist or physician can initiate the review process for you. The prior authorization process is typically resolved over the phone; if done by letter it can take up to two business days. If your medication is not approved for plan coverage, you will have to pay the full cost of the drug.

PEIA will cover, and your pharmacist can dispense, up to a five-day supply of a medication requiring prior authorization for the applicable copayment. This policy applies when your doctor is either unavailable or temporarily unable to complete the prior authorization process promptly. Prior authorizations may be approved retroactively for up to 30 days to allow time for the physician to work with and provide documentation to RDT. If the prior authorization is ultimately approved, your pharmacist will be able to dispense the remainder of the approved amount with no further copayment for that month's supply if you have already paid the full copayment.

The medications listed below require prior authorization:

1. adalimumab (Humira®)*
2. anakinra (Kineret®)*
3. becaplermin (Regranex®)
4. botulinum toxin Type A (Botox®)*
5. Brand-name medically necessary prescriptions. If the medication your doctor prescribes is a multi-source drug (more than one manufacturer markets the drug) and there is an FDA-approved or "A-B-rated" generic on the market, then PEIA will pay only for the generic version, unless your physician provides medical justification for coverage of the brand-name drug. If prior authorization is granted, these drugs will be covered as non-preferred brand-name drugs.

6. ciclopirox (Penlac®)
7. corticotropin (Acthar®)
8. enfuvirtide (Fuzion®)*
9. erythroid stimulants (Epogen®, Procrit®, Aranesp®)*
10. etanercept (Enbrel®)*
11. etravirine (Intelence®)
12. fentanyl (Actiq®, Duragesic®, and Fentora®)
13. fluconazole (Diflucan®)
14. growth hormones*
15. itraconazole (Sporanox®)
16. legend oral contraceptives for dependents (covered for treatment of medical conditions only)
17. leuprolide (Lupron®, Lupron Depot®)*
18. maraviroc (Selzentry®)
19. modafinil (Provigil®)
20. botulinum toxin Type B (Myobloc®)*
21. oxycodone hydrochloride (Oxycontin®)
22. quetiapine (Seroquel®)
23. raltegravir (Isentress®)
24. tazarotene (Tazorac®)
25. terbinafine (Lamisil®)
26. teriparatide (Forteo®)*
27. tretinoin cream (e.g. Retin-A) for individuals 27 years of age or older
28. topiramate (Topamax®)
29. vacation supplies of medication for foreign travel (allow 7 days for processing)
30. voriconazole (VFEND®)
31. zonisamide (Zonegran®)

* These drugs must be purchased through the Common Specialty Medications Program. See information later in this section.

This list is subject to change during the plan year if circumstances arise which require adjustment. Changes will be communicated to members in writing. The changes will be included in PEIA's Plan Document, which is filed with the Secretary of State's office, and will be incorporated into the next edition of the Summary Plan Description.

Drugs with Special Limitations

Step Therapy

Step Therapy promotes appropriate utilization of first-line drugs and/or therapeutic categories. Step Therapy requires that participants receive one or more first-line drug(s), as defined by program criteria before prescriptions are covered for second-line drugs in defined cases where a step approach to drug therapy is clinically justified. To promote use of cost-effective first-line therapy, PEIA uses step therapy in the following therapeutic classes:

- Angiotensin-Converting Enzyme (ACE) Inhibitors (Accuretic®, Accupril®, Aceon®, Altace®, Capoten®, Capozide®, Lexxel®, Lotesin/HCT®, Lotrel®, Mavik®, Monopril/HCT®, Prinivil®, Prinizide®, Tarka®, Uniretic®, Univasc®, Vasotec®, Vaseretic®)
- Angiotensin II Receptor Antagonists (Atacand/HCT®, Teveten/HCT®, Avapro®, Cozaar®, Benicar/HCT®, Micardis/HCT®, Diovan/HCT®, Avalide®, Hyzaar®, Az0r®, Exforge®)
- Anti-depressants (Cymbalta®, Effexor/XR®, Symbyax®, Wellbutrin XL®, Pristiq®)
- Antihistamines (Zyrtec®, Allegra®, Clarinex®; Clarinex® Reditabs®)
- Anti-hypertensives (Covera HS®, Verelan PM®, Norvasc®, Cardene SR®, Sular®, DynaCirc CR®, Tekturna®)
- Benign Prostatic Hypertrophy (Avodart®, Proscar®)
- Beta Blockers (Sectral®, Tenormin®, Kerlone®, Zebeta®, Coreg®, Trandate®, Lopressor®, Toprol XL®, Corgard®, Levatol®, Visken®, Inderal®, Inderal® LA, InnoPran XL®, Blocadren®, Tenoretic®, Ziac®, Lopressor® HCT, Corzide®, Inderide®, Timolide®, Coreg CR®, Bystolic®)
- Bisphosphonates (Fosamax®, Fosamax Plus D™, Actonel®, Actonel® with Calcium, Boniva®)
- Cholesterol-lowering medications (Advicor®, Altoprev®, Caduet®, Crestor®, Lescol®, Lipitor®, Pravachol®, Vytorin®, Zetia®, Simcor®)
- Inspra®
- Leukotriene Inhibitors (e.g., Accolate®, Singulair®, Zflo®, Zflo CR®)
- Lyrica®
- Nasal Steroids (Rhinocort Aqua™, Flonase®, Beconase AQ®, Nasacort AQ®, Nasarel®, Nasonex®, Veramyst®, Omnaris®)
- Non-Steroidal Anti-inflammatory Drugs (brand-name NSAID e.g., Celebrex®, Arthrotec®, Mobic®),

- Overactive Bladder: (Ditropan[®], Ditropan XL[®], Oxytrol[®], Detrol[®], Detrol LA[®], Sanctura[®], Vesicare[®], Enablex[®], Sanctura XR[®])
- Proton Pump Inhibitors (e.g., Prilosec[®], Prevacid[®], Nexium[®], Aciphex[®], Protonix[®], Zegerid[®]),
- Sedative Hypnotics (Ambien[®], Ambien CR[™], Sonata[®], Lunesta[™], Rozerem[™])
- Selective Serotonin Reuptake Inhibitors (e.g., Celexa[®], Lexapro[®], Luvox[®], Paxil[®], Paxil CR[®], Prozac[®], Prozac Weekly[®], Zoloft[®], Sarafem[®], Pexeva[®], Luvox CR[®]),
- Strattera[®], and
- Xopenex[®]

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Quantity Limits

Under the PEIA PPB Plan Prescription Drug Program, certain drugs have preset coverage limitations (quantity limits). Quantity limits ensure that the quantity of units supplied in each prescription remains consistent with clinical dosing guidelines and PEIA's benefit design. Quantity limits encourage safe, effective and economic use of drugs and ensure that members receive quality care. If you are taking one of the medications listed below and you need to get more of the medication than the plan allows, ask your pharmacist or doctor to call RDT to discuss your refill options.

1. Antipsychotic Drugs (Abilify[®] 30 units, Geodon[®] 60 units, Risperdal[®] 60 units, Seroquel[®] varies, Zyprexa[®] 30 units, and Zyprexa Zydis[®] 30 units)
2. Anzemet[®], Emend[®], Kytril[®], Zofran[®] coverage limitations:
 - Anzemet[®] is limited to 1 tablet per prescription
 - Emend[®] 80 mg is limited to 2 capsules per prescription.
 - Emend[®] 125 mg is limited to 1 capsule per prescription.
 - Emend[®] Tri-fold Pack is limited to 1 package per prescription.
 - Kytril[®] is limited to 2 tablets per prescription
 - Zofran[®] four (4)mg is limited to 1 tablet per prescription
 - Zofran[®] four (4)mg and 8 mg are limited to 12 tablets per prescription
 - Zofran[®] Solution is limited to 3 bottles per prescription
3. Actiq[®]. Coverage is limited to 90 lozenges per prescription
4. Cholesterol Lowering Medications. (Advicor[®] varies, Caduet[®] 30 units, Vytorin[®] 30 units, Altoprev[®] 30 units, Crestor[®] 30 units, Lescol[®] varies, Lipitor[®] 30 units, Lovastatin[®] varies, Pravachol[®] 30 units, Pravastatin Sodium[®] 30 units, Simvastatin[®] 30 units, and Zocor[®] 30 units)
5. Diflucan[®] 150 mg. Coverage is limited to 2 tablets per prescription.
6. Enbre[®]. Coverage is limited to 4 syringes or 8 vials per 28 days
7. Fentora[®]. Coverage is limited to 84 lozenges per prescription
8. Humira[®]. Coverage is limited to 2 syringes/pens per 28 days
9. Migraine medications. **Coverage is limited to quantities listed in the on page 70.**
10. New drugs approved by the FDA that have not yet been reviewed by Express Scripts' Pharmacy and Therapeutics Committee will have a non-preferred status. PEIA reserves the right to exclude a drug or technology from coverage until it has been proven effective.
11. Other Antidepressants (Budeprion SR[®] 60 units, Budeprion XL[®] 30 units, Bupropion HCL SR[®] 60 units, Cymbalta[®] varies, Wellbutrin SR[®] 60 units and Wellbutrin XL[®] 30 units)
12. Oxycontin[®]. Coverage is limited to 90 tablets per prescription
13. Sedative Hypnotics (Ambien[®], Ambien CR[™], Sonata[®], Lunesta[™], Rozerem[™]). Coverage is limited to 15 units per 30 days.
14. Selective Serotonin Reuptake Inhibitors (Celexa[®] 30 units, Citalopram HBR[®] 30 units, Fluoxetine HCL[®] varies, Fluvoxamine Maleate[®] varies, Lexapro[®] 30 units, Paroxetine HCL[®] varies, Paxil[®] varies, Paxil CR[®] 60 units, Pexeva[®] varies, Prozac Weekly[®] 5 units, Sarafem[®] 30 units, Sertraline HCL[®] varies, and Zoloft[®] varies)
15. Toradol. Coverage is limited to one course of treatment (5 days) per 90-day period.
16. Tamiflu[®] and Relenza[®]. Coverage is limited to one course of treatment within 180 days. Additional quantities require prior authorization from RDT.
17. Vasodilator Antihypertensives (Cardura XL[®] 30 units, Doxazosin Mesylate[®] varies, and Terazosin HCL[®] varies)

Generic name	Brand name	Quantity Limit Per dispensing	Total Quantity Level Limit within a 28-Day Period
Almotriptan tablets 6.25 mg, 12.5 mg	Axert® - Pharmacia	6 tablets	18 tablets
Dihydroergotamine nasal spray	Migranal® - Novartis	4 spray devices	2 kits = 8 unit dose sprays
Eletriptan tablets 20mg, 40mg	Relpax® - Pfizer	6 tablets	18 tablets
Frovatriptan tablets 2.5 mg	Frova® - ELAN	9 tablets	27 tablets
Naratriptan tablets 1 mg, 2.5 mg	Amerge® - GSK	9 tablets	18 tablets
Rizatriptan tablets 5 mg, 10 mg, orally disintegrating tablets	Maxalt-MLT® - Merck	6 tablets	24 tablets
Rizatriptan tablets 5 mg, 10 mg	Maxalt® - Merck	6 tablets	24 tablets
Sumatriptan injection syringes	Imitrex® - GSK	1 Kit (2 syringes)	8 kits = 16 injections
Sumatriptan injection vials	Imitrex® - GSK	2 vials	16 vials
Sumatriptan nasal spray 20 mg	Imitrex® - GSK	6 spray devices	3 boxes = 18 unit dose spray devices
Sumatriptan nasal spray 5 mg	Imitrex® - GSK	6 spray devices	6 boxes = 36 unit dose spray devices
Sumatriptan tablets 25 mg, 50 mg, 100 mg	Imitrex® - GSK	9 tablets	18 tablets
Zolmitriptan tablets 2.5 mg, 5 mg, orally disintegrating tablets	Zomig-ZMT® - AstraZeneca	6 tablets for 2.5 mg 3 tablets for 5 mg	18 tablets
Zolmitriptan tablets 2.5 mg, 5 mg	Zomig® - AstraZeneca	6 tablets for 2.5 mg 3 tablets for 5 mg	18 tablets

Maintenance Medications

You may receive up to a 90-day supply of ONLY the medications and classes listed below.

1. alendronate sodium (Fosamax®)
2. antiarthritics
3. anticoagulants
4. anticonvulsants
5. antidementia drugs
6. antihypertensives
7. antiparkinsonism agents
8. antispasmodics: urinary tract
9. benign prostatic hypertrophy/micturation
10. bronchodilators
11. calcitonin (Miacalcin®)
12. cardiovascular agents
13. cholinergic stimulants (urinary retention)
14. corticosteroids, bronchial
15. cromolyn sodium (Intal®)
16. diabetic therapies
17. digestants
18. disposable needles and syringes
19. diuretics
20. enzymes, systemic
21. estrogens and progestins
22. gastrointestinal, colitis
23. glaucoma agents
24. gout medications
25. hormones, misc.
26. immunosuppressive agents
27. legend vitamins (including legend hematinics, vitamin K)
28. leukotriene receptor antagonists (asthma agents)
29. lipotropics (cholesterol lowering agents)
30. mucolytics (pulmonary agents)
31. oral contraceptives

32. legend potassium
33. raloxifene (Evista®)
34. risedronate (Actonel®)
35. selective serotonin reuptake inhibitors (antidepressants in this class only)
36. thyroid medications
37. tuberculosis medications
38. xanthines (asthma agents)

Common Specialty Medications

CuraScript is the exclusive pharmacy for common specialty medications on the list on the next page. This means you will only be able to purchase these specialty medications through CuraScript, and the medication will be mailed to either your home or physician's office. Most often these are self-administered injections. Specialty drugs have the following key characteristics:

- Need frequent dosage adjustments
- Cause more severe side effects than traditional drugs
- Need special storage, handling and/or administration
- Have a narrow therapeutic range
- Require periodic laboratory or diagnostic testing

After you have met your prescription drug deductible, the copayment on these medications will be \$50 for any medications in this class. These drugs are not available in 90-day supplies.

In addition to providing these specialty medications to our members, CuraScript offers:

- A Patient Care Coordinator who serves as your personal advocate and point of contact.
- Delivery of your specialty medications directly to you or your doctor.
- Supplies to administer your medications — at no additional cost.
- Care management programs to help you get the most from your medications.

If you are prescribed one of these common specialty medications, call CuraScript toll-free at 1-866-413-4135 (8 a.m.-9 p.m., Eastern time, Monday-Friday and 9 a.m.-1 p.m., Eastern time, Saturday). A Patient Care Coordinator will contact your physician and work with you to schedule a delivery time for the medication.

Common Specialty Medications List

Drug Name	Category
Acthar® [PA]	Multiple Sclerosis
Aldurazyme®	Mucopolysaccharidosis
Aranesp® [PA]	Anemia
Arixtra®	Anti-Coagulant
Avonex®	Multiple Sclerosis
Betaseron®	Multiple Sclerosis
Botox® [PA]	Migraine, Cerebral Palsy
Cerezyme®	Gaucher Disease
Copaxone®	Multiple Sclerosis
Copegus®	Hepatitis C
Desferal®	Iron Toxicity
Enbrel® [PA]	Inflammatory Conditions
Epogen® [PA]	Anemia
Fabrazyme®	Fabry Disease
Forteo® [PA]	Osteoporosis
Fragmin®	Anti-Coagulant
Fuzeon® [PA]	HIV
Genotropin® [PA]	Growth Hormone
Geref® [PA]	Growth Hormone
Gleevec®	Anti-Neoplastic
Humatrope® [PA]	Growth Hormone
Humira® [PA]	Inflammatory Conditions
Increlex® [PA]	Insulin-like Growth Factor
Infergen®	Hepatitis C
Innohep®	Anti-Coagulant
Intron A®	Interferons
Iressa®	Anti-Neoplastic
Kineret® [PA]	Inflammatory Conditions
Leukine®	Hematopoietic
Leuprolide® [PA]	Anti-Neoplastic
Lovenox®	Anti-Coagulant
Lupron® [PA]	Anti-Neoplastic
Lupron Depot® [PA]	Endometriosis, Anti-Neoplastic, Precocious Puberty

Drug Name	Category
Myobloc® [PA]	Neurologic
Neulasta®	Neutropenia
Neumega®	Hematopoietic
Neupogen®	Neutropenia
Nexavar®	Anti-Neoplastic, Immunosuppressant
Norditropin® [PA]	Growth Hormone
Nutropin® [PA]	Growth Hormone
Omnitrope® [PA]	Growth Hormone
Pegasys®	Hepatitis C
Peg-Intron®	Hepatitis C
Procrit® [PA]	Anemia
Pulmozyme®	Cystic Fibrosis
Rebetol®	Hepatitis C
Rebetron®	Hepatitis C
Rebif®	Multiple Sclerosis
Revlimid®	Anti-Neoplastic, Immunosuppressant
Ribavirin®	Hepatitis C
Roferon-A®	Anti-Neoplastic
Saizen® [PA]	Growth Hormone
Serostim® [PA]	Growth Hormone
Sutent®	Anti-Neoplastic
Tarceva®	Anti-Neoplastic
Temodar®	Anti-Neoplastic
Tev-Tropin® [PA]	Growth Hormone
Thalomid®	Anti-Neoplastic
Thyrogen® Kit	Diagnostic
Tobi®	Cystic Fibrosis
Xeloda®	Anti-Neoplastic
Zavesca®	Gaucher Disease
Zorbtive® [PA]	Growth Hormone

[PA] This drug requires Prior Authorization from RDT.

This list is not all-inclusive and is subject to change throughout the Plan Year.

Diabetes Management

Blood Glucose Monitors: Covered diabetic insureds can receive a free Bayer Ascensia Breeze2® or Ascensia Contour® blood glucose monitor with a current prescription. Simply ask your pharmacist, and he or she will contact Bayer by fax or mail to request the monitor.

Glucose Test Strips: The plan covers only Bayer Ascensia® Breeze2 or Ascensia® Contour test strips at the preferred copayment of \$15 per 30-day supply. Other brands require a 100% copayment.

Needles/Syringes and Lancets: You can obtain a supply of disposable needles/syringes and lancets for the copayments listed below:

Coverage	Needles/Syringes	Lancets
At the retail pharmacy:		
Up to a 30-day supply	\$10	\$5
31- to 60-day supply	\$20	\$10
61- to 90-day supply	\$30	\$15
Through the mail service and retail maintenance network pharmacies:		
Up to a 30-day supply	\$10	\$5
31- to 90-day supply	\$20	\$10

Tobacco Cessation Program

PEIA has a tobacco cessation program that includes coverage for both prescription and over-the-counter (OTC) tobacco cessation products. For a full description of the benefits, *please see "Tobacco Cessation" on page 50 in the previous section*. The drugs are covered under your prescription drug program.

What is Covered?

PEIA will cover prescription and over-the-counter (OTC) tobacco cessation products if they are dispensed with a prescription. Toll-free numbers are provided by the manufacturers of most of these products for phone coaching and support.

Coverage is limited to one twelve-week cycle per rolling twelve-month period, three cycles per lifetime. Nicotine patches are available at no cost to the member; both the deductible and the copayment are waived on nicotine patches when prescribed by a physician and purchased at a network pharmacy. All other prescription and over-the-counter (OTC) tobacco cessation products will be covered with the applicable generic, preferred or non-preferred copayment, depending on their status on PEIA's Preferred Drug List.

Who is Eligible for Tobacco Cessation?

Only those members who have been paying the Standard (tobacco-user) premium are eligible for this benefit. If you have signed an affidavit claiming to be tobacco-free, and then you attempt to enroll in the tobacco cessation program, you will be declined enrollment. Pregnant women will be offered 100% coverage during any pregnancy.

Drugs or Services That Are Not Covered

Your plan does not cover the following medications or services:

1. Anorexients (any drug used for the purpose of weight loss)
2. Anti-wrinkle agents (e.g., Renova®)
3. Birth control drugs for dependent children
4. Bleaching agents (e.g., Eldopaque®, Eldoquin Forte®, Melanex®, Nuquin®, Solaquin®)
5. Charges for the administration or injection of any drug
6. Contraceptive devices and implants
7. Drugs dispensed by a hospital, clinic or physician's office
8. Drugs labeled "Caution-limited by federal law to investigational use," or experimental drugs not approved by the FDA, even though a charge is made to the individual
9. Drugs requiring prior authorization when prescribed for uses not approved by the FDA
10. Drugs requiring a prescription by State law, but not by federal law (State controlled) are not covered
11. Erectile dysfunction medications
12. Fertility drugs
13. Fioricet® with Codeine (butalbital/acetaminophen/caffeine with codeine)
14. Fiorinal® with Codeine (butalbital/aspirin/caffeine with codeine)
15. Hair growth stimulants
16. Homeopathic medications
17. Immunizations, biological sera, blood or blood products, Hyalgan®, Synvisc®, Remicade®, Synagis®, Xolair®, Amevive®, Raptiva® (these are covered under the medical plan)
18. 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 hospital, sanitarium, or extended care facility
19. Medication for which the cost is recoverable under any Workers' Compensation or occupational disease law, or any State or governmental agency, or medication furnished by any other Drug or Medical Service for which no charge is made to the member
20. Non-legend drugs (except when included in a compound with a legend drug)
21. Pentazocine/Acetaminophen (Talacen®)
22. Prescription drug charges not filed within 6 months of the purchase date, if PEIA is the primary insurer, or within 6 months of the processing date on the Explanation of Benefits (EOB) from the other plan, if PEIA is secondary
23. Replacement medications for lost or stolen drugs
24. Requests for more than a 90-day supply of maintenance medications, or requests for more than a 30-day supply of short-term medications
25. Stadol® Nasal Spray (butorphanol)
26. Therapeutic devices or appliances, including support garments and other non-medicinal substances, regardless of intended use, except those listed above
27. Vacation supplies, unless leaving the country. If you are leaving the country, and want PEIA to cover a vacation supply, you must submit documentation (copy of an airline ticket, travel agency itinerary, etc.) to substantiate your international travel arrangements.

Other Important Features of Your Prescription Drug Program

Your prescription drug program is designed to provide the care and service you expect, whether it's keeping a record of your medication history, providing toll-free access to a registered pharmacist, or keeping you in touch with any changes to your program.

Express Scripts uses the health and prescription information about you and your dependents to administer your benefits. They also use information and prescription data from claims submitted nationwide for reporting and analysis without identifying individual patients.

When your prescriptions are filled at one of Express Scripts' mail service pharmacies or at a participating retail pharmacy, pharmacists use the health and prescription information on file for you to consider many important clinical factors including drug selection, dosing, interactions, duration of therapy and allergies. Express Scripts' pharmacists may also use information received from your network retail pharmacy.

Drug Utilization Review

Under the drug utilization review program, prescriptions filled through the mail service pharmacy and participating retail pharmacies are examined by Express Scripts for potential drug interactions based on your personal medication profile. The drug utilization review is especially important if you or your covered dependents take many different medications or see more than one doctor. If there is a question about your prescription, your pharmacist may notify your doctor before dispensing the medication.

Education and Safety

You will receive information about critical topics like drug interactions and possible side effects with every new prescription Express Scripts mails. Your retail pharmacy may also provide you with drug information.

By visiting www.express-scripts.com, you also can access other health-related information. Click on Drug Information or Health Information to browse information relative to specific health interests, get safety tips and answers to the most commonly asked medication questions, or just keep up with timely health issues. To view health information personalized to fit your interests, register with www.express-scripts.com. Any written health information cannot replace the expertise and advice of health care practitioners who have direct contact with a patient. All Express Scripts health information is designed to help you communicate more effectively with your doctor and, as a result, understand more completely your situation and choices.

Health Management

Based on your prescription and health information, Express Scripts may provide information to you on one or more of Express Scripts' Care Management programs, provided as a service to you by PEIA. Program participants generally receive educational mailings and may receive a follow-up call from an Express Scripts pharmacist or nurse. Express Scripts develops these programs to support your doctor's care, and they may contact your doctor regarding your participation in these programs.

Coordination of Benefits

If another insurance carrier is the primary insurer for a policyholder or a dependent, or if you are Medicare-eligible, PEIA will pursue coordination of benefits.

1. Commercial Insurance: As a secondary payor, PEIA will pay only if the other insurance plan's benefit is less than what PEIA would have provided as the primary insurer. If PEIA is the secondary insurer, you must submit the following documentation to Express Scripts to have the secondary claim processed:
 - a. a completed Express Scripts claim form;
 - b. the receipt from the pharmacy; and
 - c. an Explanation of Benefits from the primary plan or a pharmacy printout that shows the amount paid by the primary plan.

You will usually be reimbursed within 21 days from receipt of your claim form.

If you need claims forms, call Express Scripts' Member Services at 1-877-256-4680 or visit their website at www.express-scripts.com.

2. Medicare Part B: If Medicare is the primary insurer, Medicare must be billed first for any drugs covered by Medicare Part B. Your pharmacist should bill Medicare Part B as the primary insurer. Wells Fargo TPA will receive the crossover claims from Medicare Part B and pay the pharmacy directly. This will save you money since PEIA will pay the member responsibility for prescription drugs covered by Medicare Part B. You should not pay any deductible or co-insurance for Medicare Part B-covered drugs. You can find a listing of pharmacies willing to bill Medicare and accept assignment on our web page at www.wvpeia.com or by calling our customer service unit at 1-888-680-7342. These classes of drugs are usually covered by Medicare Part B:
 - a. Immunosuppressants
 - b. Oral Chemotherapeutic medications
 - c. Drugs for nausea associated with chemo meds
 - d. Diabetic testing supplies
 - e. Limited Inhalation therapies

Medicare Part D

Medicare offers prescription drug coverage through Medicare Part D. Please be aware that you should **NOT** purchase a separate Medicare Part D plan. Coventry will provide prescription drug coverage to its Medicare members, and PEIA will provide prescription drug coverage to members of the Special Medicare Plan.

If you are an Advantra Freedom member and enroll in a separate Medicare Part D plan, you will be disenrolled from all medical and prescription benefits from PEIA. You will have only original Medicare A & B for medical coverage and your Medicare Part D plan with no secondary coverage.

Medicare Part D Creditable Coverage Notice

This is information about prescription drug coverage for all PEIA PPB Plan members. It does not apply to Medicare-eligible retired employees or dependents of Medicare-eligible retirees who are enrolled in Coventry's Advantra Freedom MAPD plan. It explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage (MAPD plans). All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. PEIA has determined that the prescription drug coverage offered by the PEIA PPB Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15 through December 31. Beneficiaries leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

If you do decide to enroll in a Medicare prescription drug plan and drop your PEIA PPB Plan prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with PEIA and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

For more information about this notice or your current prescription drug coverage...

Contact our office for further information at 1-888-680-7342. **NOTE:** You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through PEIA changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the *Medicare & You* handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

Appealing a Claim

If you think that an error has been made in processing your prescription drug claim or in a prescription benefit determination or denial, first call Express Scripts or RDT (depending on the nature of your complaint) to ask for details. If you are not satisfied with the outcome of your telephone inquiry, the second step is to appeal to Express Scripts or RDT in writing. Please have your physician provide any additional relevant clinical information to support your request. Mail your request with the above information to:

Type of Error	Who to Call	Where to Write
Prior Authorization error or denial (for Physicians ONLY)	RDT 1-800-847-3859	Rational Drug Therapy Program WVU School of Pharmacy PO BOX 9511 HSCN Morgantown, WV 26506
Prescription drug claim payment error or denial	Express Scripts 1-877-256-4680	Express Scripts, Inc. Clinical Appeals - (Client-WVA) BL0390 6625 W. 78th Street Bloomington, MN 55439

Express Scripts or RDT will respond in writing to you and/or your physician with a letter explaining the outcome of the appeal. If this does not resolve the issue, the third step is to appeal in writing to the director of PEIA. Your physician must request a review in writing within sixty (60) days of receiving the decision from Express Scripts or RDT. Mail third step appeals to:

**Director
Public Employees Insurance Agency
State Capitol Complex
Building 5, Room 1001
1900 Kanawha Boulevard, East
Charleston, WV 25305-0710**

Facts, issues, comments, letters, Explanations of Benefits (EOBs), and all pertinent information about the claim and review should be included. When your request for review arrives, PEIA will reconsider the entire case, taking into account any additional materials that have been provided. A decision, in writing, explaining the reason for modifying or upholding the original disposition of the claim will be sent to the covered person or his or her authorized representative. For more information about your drug coverage, please contact Express Scripts at 1-877-256-4680.

How to Reach Express Scripts

On the Internet: Reach Express Scripts at www.express-scripts.com. Visit Express Scripts' website anytime to learn about patient care, refill your mail service prescriptions, check the status of your mail service pharmacy order, request claim forms and mail service order forms or find a participating retail pharmacy near you.

By Telephone: For those insureds who do not have access to Express Scripts via the Internet, you can learn more about your program by calling Express Scripts Member Services at 1-877-256-4680, 24 hours a day, 7 days a week.

Special Services: Express Scripts continually strives to meet the special needs of PEIA's insureds:

- You may call a registered pharmacist at any time for consultations at 1-877-256-4680.
- PEIA's hearing-impaired insureds may use Express Scripts' TDD number at 1-800-972-4348.
- Visually impaired insureds may request that their mail service prescriptions include labels in Braille by calling 1-877-256-4680.

Benefit Assistance Program

PEIA offers a program to assist Medicare-eligible retired employees with increasing prescription drug costs.

Who Qualifies for the Benefit Assistance Program?

Medicare-eligible retired employees with 15 or more years of service whose annual household income falls below 250% of the federal poverty level, and who are members of the PEIA PPB Plan can qualify for benefit assistance. Retired employees who are using sick or annual leave or years of service to extend their employer-paid insurance qualify for this program if their annual income meets the guidelines. The details of the Benefit Assistance Program are described in the Evidence of Coverage produced by Coventry. Since Benefit Assistance is not available to non-Medicare retirees, there is no further discussion of it here. If you are interested in the details of the program, you can find more information online at www.wvpeia.com.

How Do You Apply for Assistance?

If you believe you qualify, contact PEIA for an application, or you can print a copy at www.wvpeia.com.

Amending the Benefit Plan

The West Virginia Public Employees Insurance Agency reserves the right to amend all or any portion of this *Summary Plan Description* in order to reflect changes required by court decisions, legislation, actions by the Finance Board, actions by the Director or for any other matters as are appropriate. The *Summary Plan Description* will be amended within a reasonable time of any such actions. All amendments to the *Summary Plan Description* must be in writing, dated and approved by the Director. The Director shall have sole authority to approve amendments. The *Summary Plan Description* and all approved amendments will be filed with the office of the West Virginia Secretary of State.