

**NASOMAH HEALTH GROUP 2005**

**COVERAGES/EXCLUSIONS AT RETAIL AND MAIL**

The following values are valid: C=Covered, E=Excluded, A=Client Prior Auth Required, D=Discounted and P= Clinical Prior Auth Required	Coverage		Limits			
	Retail	Mail	Retail		Mail	
			Units	Days	Units	Days
<b>COSMETIC DRUGS</b>						
Hair Treatments (e.g. Propecia, Rogaine, Vaniqa)	E	E				
Pigmenting / Depigmenting (e.g. Eldoquin, Oxsoralen Ultra, Solage, Solaquin, Solaquin Forte)	E	E				
Anti-Wrinkle (e.g. Renova)	E	E				
<b>DIABETIC SUPPLIES</b>						
Blood Glucose Testing Machines	C	C				
Blood Sugar Diagnostics (e.g. Blood Test Strips)	C	C				
Insulin	C	C				
Insulin Syringes/Needles	C	C				
Lancets	C	C				
Urine Tests	C	C				
<b>INJECTABLES</b>						
Biologicals (e.g. allergens, serums, vaccines)	E	E				
Outpatient Injectables (e.g. Ana-Guard, Ana-Kit, Cyanocobalamin, D.H.E. 45, Epipen, Fuzeon, Glucagon, Methotrexate)	C	C				
Syringes (non-Insulin)	C	C				
Miscellaneous Injectables (e.g. antibiotics)	E	E				
<b>ALL OTHER</b>						
Compounds with legend ingredients (Medications mixed together using at least one ingredient that requires Rx)	C	C				
Contraceptives – Abortive (e.g. Mifeprex)	C	C				
Contraceptives – Emergency (e.g. PlanB, Preven)	C	C				
Contraceptives – Implantable (e.g. Norplant)	C	C				
Diaphragms	C	C				
Flu Medications (recommend 5 days supply per Rx. Exclude at mail)	C	E	5	DS per Rx	E	E
Fluoride Preps (Oral fluoride – e.g. Fluorotab, Karidium, Luride, Lozi-tabs, Phos-Flur)	E	E				
Infertility-non-injectable (i.e. Clomid)	E	E				
Miscellaneous Medical Supplies – Legend	E	E				
Over the Counter Medications	E	E				
Prenatal Prescription Vitamins (e.g. Natafort)	C	C				
Schedule V Drugs (e.g. Phenergan w/codeine, Robitussin A-C, Tussi-Organidin-S)	C	C				
Toradol (recommend 5 days supply per 25 days. Exclude at mail)	C	E	5	DS/ 25 days	E	E
Vitamins Legend – Non Prenatal (e.g. Niacin)	E	E				
Zyvox (recommend 14 days supply per Rx. Exclude at mail)	C	E	14	DS per Rx	E	E

	Coverage		Limits			
	Retail	Mail	Retail		Mail	
			Units	Days	Units	Days
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<b>30-DAY SUPPLY CATEGORIES</b>						
Acne-Oral (Accutane) Excluded at Mail	C	E			E	E
<b>MEDICATION MANAGEMENT-CPA Programs</b> <b>**Requires client signature 30 days before program implementation**</b>						
The following values are valid: C=Covered, E=Excluded, A=Client Prior Authorization Required, P= Clinical Prior Authorization Required, D= Discounted						
Acne-Topical (e.g. Retin-A, Avita, Differin) Recommend to cover through age 24, then CPA	C	C	Cover thru age	N/A	Cover thru age	N/A
ADHD / Narcolepsy (e.g. Dexedrine, Ritalin, Cylert) Recommend to cover through age 19, then CPA	C	C	Cover thru age	19	Cover thru age	19
Anabolic Steroids – Injectable (e.g. Deca-Durabolin, Virilon IM) – Recommend CPA	P	P				
Anabolic Steroids – Oral (e.g. Anadrol-50, Android Testred, Oxandrin, Winstrol) Recommend CPA	P	P				
Anabolic Steroids – Topical (e.g. Androderm, Androgel, Testoderm) Recommend CPA	P	P				
Antiemetics – Oral (e.g. Kyrtil, Zofran) Recommend Qty limit 7 days supply/25 days, 21 days supply/75 days, then CPA.	P	P	7	Per 25 Days	21	Per 75 Days
Botulinum Toxins (e.g. Myobloc, Botox)- Recommend CPA	P	P				
Butorphanol – Qty limit w/CPA. Recommend limit 2 bottles (5ml)/25 days, 6 bottles/75 days, then CPA.	P	P	2	Per 25 days	6	Per 75 days
Contraceptives – Oral/Topical/Intravaginal – Recommend CPA *For clients that have a 90-day retail and/or mail benefit design, Seasonale will be allowed for 91 days	C	C				
Contraceptives – Injectable – Recommend CPA	C	C				
Crinone 8% - Recommend CPA	P	P				
Diflucan 150mg – Qty. limit with CPA. Recommend limit 2 per 25 days, 6 per 75 days, then CPA. limits.	P	P	2	Per 25 days	6	Per 75 days
Gleevec – Recommend CPA	C	C				
Impotency Medications (Viagra Only) <i>Choose one option below (all are recommendations)</i> <input checked="" type="checkbox"/> Impotency: Limit 8/25 days retail, 24/75 days mail <input type="checkbox"/> Impotency: CPA-Limit 8/25 days retail, 24/75 days mail <input type="checkbox"/> Impotency: Limit 8/25 days retail, 24/75 days mail then CPA, maximum quantity 12/25 days, 36/75 days	C	C	10	Per 25 days	30	Per 75 days

	Coverage		Limits			
	Retail	Mail	Retail		Mail	
			Units	Days	Units	Days
The following values are valid: C=Covered, E=Excluded, A=Client Prior Auth Required, D=Discounted and P= Clinical Prior Auth Required						
Insomnia (e.g. Ambien, Restoril, Sonata) <i>Choose one or both of the following recommendations below:</i> <input type="checkbox"/> Qty limit w/CPA. Limit 90/144 days, then CPA <input checked="" type="checkbox"/> Limit 30 per RX at retail, 90 per Rx at mail.	C	C	90	Per 144 days	90	Per 144 days
Lamisil/Sporanox – Recommend CPA	P	P				
Penlac- Recommend CPA	E	E				
Migraine – Recommend qty limit with CPA. Injectable: 8/25 days retail, 24/75 days mail, then CPA.  Nasal: 8/25 days retail, 24/75 days mail, then CPA.  Oral: 18/25 days retail, 54/75 days mail, then CPA.	I	C	8	Per 25 days	24	Per 75 days
	N	C	8	Per 25 days	24	Per 75 days
	O	C	18	Per 25 days	54	Per 75 days
Obesity (e.g. Meridia, Phentermine, Xenical)– Recommend CPA	C	C				
Smoking Cessation – \$500.00 limit available. Recommend one of the following options: <input type="checkbox"/> CPA ALL Rx and OTC <input type="checkbox"/> CPA only Rx medications.	C	C		\$\$ limit		
Wellbutrin SR/XL – Recommend CPA	C	C				

**ALL OTHER DRUGS NOT MENTIONED ABOVE WILL BE COVERED.**

**Comments:**

Immunosuppressives (e.g. Imuran, Neoral, Sandimmunne) are covered at retail and mail; standard retail and mail limits apply.

<b>SPECIALTY PHARMACY-</b>		
<b>Specialty Managed Products (*includes Specialty Prior Authorization Program)</b>		
<ul style="list-style-type: none"> <li>◆ <del>Asthma* (e.g. Xolair)</del></li> <li>◆ <del>Biologic Response Modifiers* (e.g. Amevive, Enbrel, Remicade)</del></li> <li>◆ <del>Chronic Granulomatous (e.g. Actimmune);</del></li> <li>◆ <del>Condylomata Acuminata (e.g. Alferon);</del></li> <li>◆ <del>Cystic Fibrosis (e.g. Pulmozyme, Tobi);</del></li> <li>◆ <del>Endometriosis* (e.g. Lupron, Syranel)</del></li> <li>◆ <del>Enzyme Replacement (e.g. Fabrazyme, Cerezyme)</del></li> <li>◆ <del>Growth Hormones* (e.g. Genotropin, Humatrope)</del></li> <li>◆ <del>Multiple Sclerosis (e.g. Avonex, Betaseron);</del></li> <li>◆ <del>Osteoarthritis* (e.g. Synvisc);</del></li> <li>◆ <del>Osteoporosis* (e.g. Forteo);</del></li> <li>◆ <del>Precocious Puberty* (e.g. Lupron Depot Pediatric)</del></li> <li>◆ <del>Prostate Cancer* (e.g. Lupron Depot, Viadur)</del></li> <li>◆ <del>Respiratory Syncytial Virus* (e.g. Synagis)</del></li> <li>◆ <del>Viral Hepatitis (e.g. Peg Intron, Pegasys, Copegus)</del></li> </ul>	<input type="checkbox"/>	
<b>Specialty Acute Care (Patients are not restricted to Walgreens for their first fill. Upon notification, patients will be required to fill subsequent refills at Walgreens.)</b>		
<ul style="list-style-type: none"> <li>◆ <del>Acromegaly (e.g. Sandostatin)</del></li> <li>◆ <del>Anticoagulants (e.g. Lovenox)</del></li> <li>◆ <del>Biologic Response Modulator (e.g. Proleukine)</del></li> <li>◆ <del>Blood Modifiers (e.g. Procrit, Neupogen)</del></li> </ul>	<input type="checkbox"/>	
<b>Specialty Distribution Products</b>		
<ul style="list-style-type: none"> <li>◆ <del>Hemophilia (e.g. Recombinate)</del></li> <li>◆ <del>Immunoglobulins (e.g. Gamimune)</del></li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>◆ <del>Infertility Injectable (e.g. Follistim)</del></li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>◆ <del>Oncology (e.g. Herceptin, Zometa, Mesna)</del></li> </ul>	<input type="checkbox"/>	
<b>Specialty Limited Distribution Products (In the event a restricted/limited distributor is not in our network, PBM Provider Relations will contact that distributor about becoming a provider in our network. The client will be responsible for reimbursement at the rate charged by the restricted/limited distributor. These products also have a Limited SPA; to determine which provider will dispense the product.)</b>		
<ul style="list-style-type: none"> <li>◆ <del>Acromegaly (e.g. Somavert)</del></li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>◆ <del>Alpha-1 deficiency (e.g. Aralast, Prolastin, Zamaira)</del></li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>◆ <del>Primary Pulmonary Hypertension (e.g. Flolan, Remodulin, Tracleer)</del></li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>◆ <del>Cateplexy in patients with Narcolepsy (e.g. Xyrem)</del></li> </ul>	<input type="checkbox"/>	

**Comments:**

Medications highlighted above are covered under the prescription benefit and process through WHI. All other medications with a strike have to process through Healthcomp.