

**SAN FRANCISCO ELECTRICAL WORKERS HEALTH & WELFARE PLAN**  
**Plan Prescription Drug Card Program**  
**(Self-Funded PPO Plan Participants Only)**



The Prescription Drug Card Program for Participants who are covered under the Self Funded PPO Plan is administered by Catamaran. The following is a summary of the prescription drug program.

**Catamaran Identification Cards:**

- Shortly after you become eligible, Catamaran will provide you an identification card that you must present at a network pharmacy each time you purchase a prescription. You may order additional cards by calling Catamaran at 1-888-354-0090

**Catamaran Participating Pharmacies:**

- Most major chains and independent pharmacies are in the Catamaran pharmacy network, including, but not limited to, the following: Lucky, Costco, K-Mart, CVS, Raley's, Safeway, Save Mart, Save-on, Shopko, RiteAid, Target, Von's Food & Drug, Walgreens, and Wal-Mart.
- To locate a participating pharmacy closest to your home or workplace, call the Catamaran Help Desk at 1-888-354-0090 and request a zip code search. Or you can locate this information on-line by accessing [www.myCatamaranrx.com](http://www.myCatamaranrx.com).

**Retail Drug Benefits**

Participant Copayments Collected at Pharmacy:

- Generic Drugs: Lesser of 20% of retail price or \$7.00 per script
- Brand Name Drugs: 20% of retail price

Supply: 30-day supply maximum allowed with each prescription.

**Mail Order Drug Benefits** (Recommended for Maintenance Medications)

Participant Copayments Paid by Check, Credit/Debit Card or

- Generic: Lesser of 20% of retail price or \$17.50 per script
- Brand Name Drugs: 20% of retail price

Supply: 90- day supply maximum allowed with each prescription with up to three refills, if appropriate.

**Covered Drugs**

Federal Legend Drugs (Drugs approved by the FDA requiring a written prescription), Bee Sting Kits, Depo Provera, Diabetic Test Strips, Lancets, Diaphragms, Glucogan, Immunosuppressants,

Insulin/Syringes (must be on a written prescription), One Glucose Meter per year, Acne/Dermatological products (through age 40 with Prior Authorization), Viagra (limit 8 tablets/30 days), Vitamins (prescription only).

#### Excluded Drugs

Appetite Suppressants/weight loss agent, Blood and Blood Plasma\*, Cosmetic Drugs, Drugs and devices administered at the doctor's office, rest home or hospital, Fertility Drugs, Growth Hormones, Immunization\* and Vaccinations\*, Injectables not self administered or otherwise available through the Specialty Rx Program described below\*, Medical Supplies and Appliances\*, Over the Counter products (with the exception of PPIs and NSAs w/written prescription – see below), and Over the Counter Vitamins and Nutritional Products.

\*Items with an asterisk are covered under Self Funded Medical Program.

#### Direct Member Reimbursements

New Members may submit claims for prescriptions not billed through Catamaran by filling out a Direct Member Reimbursement Claim Form (you can locate forms at [www.myCatamaranrx.com](http://www.myCatamaranrx.com)). Direct Member Reimbursements submitted within the first 60 days of eligibility within the plan will be paid at amount claimed minus copayment. Direct Member Reimbursements submitted after the first 60 days of eligibility will be paid at the contracted rate minus copayment. Please remember to always use your prescription drug card when obtaining your medications.

#### Coordination of Benefits:

If you have other prescription drug coverage through another group provider that is primary, the Plan, as secondary carrier, will coordinate benefits by reimbursing you for the primary plan's out-of-pocket copayment. This can be done at the retail pharmacy by using your prescription card for your primary carrier and then your San Francisco Electrical Workers card as secondary carrier. If you do not have your SFEW prescription coverage card when the pharmacist fills your prescription, you may also seek reimbursement by submitting a Direct Member Reimbursement Form to Catamaran with your receipt showing the amount you paid and the amount your primary insurance paid.

#### Over-The-Counter (OTC) Program Options for Proton Pump Inhibitors (PPIs) and Non-Sedating Antihistamines (NSAs).

The Plan will cover the full cost of prescription strength PPIs (OTC Prilosec, Omeprazole, Prevacid, and Zegerid) and NSA's (OTC Claritin, Alavert, Claritin D, Allegra, Allegra-D, Zyrtec, and Zyrtec-D) over-the-counter ("OTC") for no copayment, provided you have a prescription. In order to have the \$0 copayment apply, you will need to present your prescription drug card, the OTC medication and your prescription from your doctor to the pharmacist. Your pharmacist can call your doctor for a prescription, but you must present your drug card to the pharmacy in order to have the \$0 copay apply. This program is optional.

### Specialty Drug Program

This program provides one-on-one service and active management of Biopharmaceuticals. This program provides a more cost effective solution for specialty medications. A Member care specialist is assigned to contact individuals who have been prescribed certain medications to make sure that they are taking them, as prescribed, and understand how to deal with any side effects that may occur. These medications are sent directly to the members' homes and clinical pharmacists that are dedicated to the specialty pharmacy are available on a 24-hour basis to answer questions or concerns.

Participant Copayments: 20%, up to a maximum of \$150 per script.

### Step Therapy and Dispense as Written (DAW) Medications (Applies to Retirees and their Dependents Only):

The prescription drug plan includes a "step therapy" program for select drugs, under the self-funded PPO plan. Step therapy is an automated program that a pharmacist uses to review a patient's medication history, often resulting in an alternative (sometimes generic) medication to replace a more costly brand medication. The program requires a patient to try a clinically appropriate, lower cost medication first, or an equivalent unless a physician provides medical documentation that a patient has tried and failed an alternative (generic) medication in the recent past.

The "generic incentive" program promotes the use of U.S. Food and Drug Administration (FDA) approved generic medications. The program concentrates on brand prescription medications that have equivalent (the same active ingredient) generics available and require a patient to try the equivalent generic first. If a covered individual chooses not to participate in the generic incentive program that individual will be required to pay the applicable copayment described above plus the total cost difference between the brand and the equivalent generic, unless clinical documentation from the prescribing physician indicates the reason the generic medication cannot be tolerated.

**These penalties will not apply to higher cost drugs that were initially prescribed to retirees and their dependents before August 1, 2011.**

For your reference, you may also access the FDA's website for comprehensive information about generic drugs:

<http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingGenericDrugs/default.htm>

### **Medical exception or clinical appeals for step therapy and generic incentive programs:**

An exception process is available for members that have experienced an adverse drug reaction (ADR) while using generic prescription medication under the care of a physician. The prescribing physician may request a medical or clinical exception on behalf of a member when providing clinical documentation including the generic name, adverse drug reaction

experienced and the date of fill for an exception to be approved. Please have your physician provide a letter of medical necessity with this information. Contact numbers for the physician to contact the Catamaran Prior Authorization Department are as follows:

- PA Fax number: 866-511-2202
- PA phone number: 800-626-0072

**Information: Telephone/Websites/ Mail Order Address:**

Catamaran Website: [www.myCatamaranrx.com](http://www.myCatamaranrx.com)

Catamaran Help Desk: 1-888-354-0090

Catamaran Mail Order Help Desk 1-800-881-1966

BrioRx Specialty: 1-800-850-9122

Catamaran Mail

PO Box 407096,

Ft Lauderdale, FL 33340-7096

Plan Office: 415-263-3670

Plan Website: [www.eisb.org](http://www.eisb.org)