

## **PRESCRIPTION DRUGS BENEFITS FOR HOUSE STAFF OFFICERS**

Prescription drugs (dispensed by a pharmacy), which are prescribed by the covered person's primary care physician authorized to prescribe drugs within the scope of his or her license, and are received by the covered person, if those prescription drugs are purchased from a Jackson Health System pharmacy, shall be subject to the following provisions.

### **COVERED PRESCRIPTION DRUGS:**

1. Include any drug, medicine or medication that, under Federal or State law, shall be dispensed only by a pharmacy, or any compounded prescription containing such drug, medicine or medication;
2. Include insulin, hypodermic needles and syringes with insulin on prescription, and FDA approved glucose strips and tablets, and chemstrip test tapes;
3. Shall be dispensed by a Jackson Health System Pharmacy;
4. Shall be a generic medication when both a generic and a more expensive brand name drug are available. If the prescribing physician or specialist authorized to prescribe drugs within the scope of his/her license indicates on the prescription "brand name medically necessary" or "dispense as written" for a drug for which there is a generic equivalent, **then the prescription will not be dispensed by a JHS Pharmacy.** The Florida Boards of Medicine and Pharmacy, pursuant to Chapter 465, Florida Statutes, have established a negative drug formulary. No drug substitution shall be allowed for the following:

- Digitoxin
- Conjugated Estrogen
- Dicumarol
- Chlorpromazine (solid oral dosage forms)
- Theophylline(controlled release)
- Levothyroxine sodium
- Pancrelipase (oral dosage forms)

5. Shall be limited to a 30-90 day supply per prescription dependent on the pharmaceutical product and Jackson Health System Pharmacy practice.
6. Include prescription refills, but shall not be covered until, at least 75 percent of the previous prescription has been used by the covered person based on the dosage schedule prescribed by the physician or other participating provider authorized to prescribe drugs within the scope of his/her license.

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No coverage shall be provided for:

1. Any drug, medicine or medication that is consumed at the place where the prescription is ordered or that is dispensed by a physician or other participating provider authorized to prescribe drugs within the scope of his/her license;
2. Any portion of a prescription or refill that exceeds a 90 day supply;
3. Prescription refills in excess of the number specified by the physician or dispensed more than one year from the date of the physician's or other participating provider authorized to prescribe drugs within the scope of his/her license original order.
4. The cost of the administration of any drug or medication that is dispensed by a physician or other participating provider;
5. Prescriptions that are to be taken by or administered to the covered person; in whole or in part, while she/he is a patient in a hospital, skilled nursing facility, convalescent hospital, inpatient hospice facility, or other facility where drugs are ordinarily provided by the facility on an inpatient basis;
6. Prescriptions that may be properly received without charge under local, state, or federal programs, including workers compensation;
7. Prescriptions ordered or received in excess of any maximums covered under this benefit, and not covered under this benefit, and not covered under any other provision of this Health Plan
8. Any drug, medicine or medication labeled "caution-Limited by Federal Law to Investigational Use". Any experimental drug or drug used for non-FDA approved indication or prescribed for use by a route of administration that is not approved by the FDA even though a charge is made to the covered person;
9. Any drug or medicine that is lawfully obtainable without prescription, with the exception of insulin
10. Therapeutic devices or appliances, including hypodermic needles/syringes(exception: those items associated with an insulin prescription), support garments, and other non-medical substances, regardless of Intended use;
11. Infertility drugs
12. Retin-A or any other drug for cosmetic purposes

13. Anti-obesity drugs –Amphetamines and/or anorexiant for weight loss;
14. Hormone treatment in preparation for sexual reassignment
15. Any costs related to the mailing, sending or delivery of prescription drugs; and
16. Prescriptions filled at non-participating pharmacy, except for prescriptions required during emergency care.

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