DC 37 Prescription Drug Benefit – Exclusions/Limitations

The Prescription Drug Benefit will not cover the cost of:

a. Drugs prescribed for a patient confined to a rest home, nursing home, extended care facility, hospital or similar in-patient care facility or drugs prescribed for a member or eligible dependent residing in an assisted living facility where such drugs are covered in whole or in part by a federal, state, or local program or other insurance. Where only a portion of the cost of such drug is covered by another plan or insurer, the remaining cost of such uncovered drug will be covered to the extent permitted under the Plan's prescription drug benefit. The covered employee and eligible dependent will be responsible for all applicable co-pays and special shipping costs;
b. Drugs prescribed for any condition covered by Workers' Compensation, No Fault Automobile Insurance, or in any situation where third party medical insurance is available;
c. Chemotherapy obtained by a non-Medicare eligible member and/or eligible dependent; administered on an out-patient basis in a hospital; or administered in a doctor's office;
d. Vitamins, foods and diet supplements that may be purchased with or without a prescription;
e. Drugs supplied by a treating physician;
f. Investigational or experimental drugs;
g. Over-the counter drugs (drugs purchased with or without a prescription);
h. Prescription medications that have over the counter counterparts.
i. appliances and all companion implements (devices), including syringes and needles, for the administration of prescription drugs;
j. Drugs prescribed for cosmetic purposes;
k. Prescription drugs used for Intravenous Drug Therapy, which is infused in the home; and any charge for the administration of home infusion of the drug;
l. Immunization agents and biological sera;
m. Refills of medication covered by the benefit described in this section in excess of eleven (11) 30-day refills in any one (1) year, except for narcotics which is five (5) 30-day refills in any six (6) month period;
n. Refills of maintenance drugs covered by the benefit described in this section in excess of three (3) 90 day supplies in any twelve (12) month period filled at the Plan's mail order program or a Retail 90 Pharmacy;
o. Diabetes medication for active members and non-Medicare eligible retirees and eligible dependents except as noted;
p. Chemotherapy and related medication for active members, non-Medicare eligible retirees and eligible dependents enrolled in the City of New York's Health Benefits program except as noted;
q. Injectable medication for active members, non-Medicare eligible retirees and eligible dependents enrolled in the City of New York's Health Benefits program except as noted;
r. Any medication for active employees and retirees of the Office of Court Administration and the State Rent Regulations Services Unit enrolled in the New York State Health Insurance Program.

The Prescription Drug Benefit will limit the coverage and cost of:

a. Drugs used in amounts or quantities which exceed FDA, approved guidelines, e.g. Proton Pump Inhibitors (PPI's) for longer than three (3) months per lifetime;
b. FDA approved fertility medication, up to 12 treatments per lifetime;
c. Coverage for the class of prescription drugs used to treat male sexual dysfunction will require pre-approval by the Plan and will have a 50% co-payment with a maximum of 6 pills per month.

d. Coverage for the class of prescription drugs used to treat obesity will require pre-approval by the Plan and will have a 50% co-payment.
e. Prescription drugs if a health insurance carrier provides for prescription drug coverage, then that carrier is Primary for prescription drugs. Should there by an out-of-pocket expense after the basic health insurance carrier processes drug related claims, the Plan will consider Coordinating Benefits. Members are reminded that when the spouse has separate prescription drug coverage (whether through the spouses' employment or other sources such as Veterans Administration Benefits, Workers' Compensation, Medicaid, No Fault Insurance, etc.), the Plan deems this coverage to be the primary coverage for the spouse and the spouse must use his/her own coverage.