

The following is a list of common exclusions in EMI Health pharmacy plans, this list does not include all potential exclusions and is not specific to any group or individual plan. For specific exclusions for your plan please visit the member portal www.emihealth.com.

PRESCRIPTION DRUG AND HOME DELIVERY PHARMACY SERVICE EXCLUSIONS

Pharmacy Items Excluded

The following items are excluded under the prescription drug and home delivery pharmacy service (mail order) programs, regardless of medical necessity or prescription by a licensed prescriber:

1. Medication received by a Covered Person before coverage under the Plan is effective or after coverage under the Plan ends.
2. Medication that is not Medically Necessary and appropriate.
3. Fertility medication (Primary or Secondary Infertility).
4. Anorexiant.
5. Chemotherapeutic medications, administered by IV or injections.
6. Medication which is to be taken by, or administered to, an individual, in whole or in part, while He is a patient in a licensed Hospital, rest home, sanitarium, Extended Care Facility, skilled nursing facility, convalescent Hospital, nursing home, or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.
7. Any prescription refilled in excess of the number of refills specified by the physician, or any refill dispensed after one year from the physician's original order.
8. Any drug exceeding the number of day's supply or doses eligible in the policy.
9. Charges for the administration of any drug. This exclusion does not apply to covered immunizations administered in a participating pharmacy.
10. Any drugs used for weight loss, and related services, or complications thereof.
11. Progesterone suppositories and related services or complications thereof.

12. Any drug that does not require a prescription except insulin and evidence-based items or services that have in effect a rating of A or B in the current recommendations of the U.S. Preventive Services Task Force. (For guidelines refer to http://bit.ly/USPSTF_AB.)
13. Any over-the-counter drugs even if prescribed by a physician except for evidence-based items or services that have in effect a rating of A or B in the current recommendations of the U.S. Preventive Services Task Force. (For guidelines refer to http://bit.ly/USPSTF_AB.) This exclusion includes but is not limited to, supplements and nutritional substitutes, enteral feedings, amino acids, electrolyte supplements, herbs, and related services.
14. Any drug purchased for Cosmetic purposes, or complications thereof.
15. Any item specifically limited or excluded in the medical exclusions. (See “Medical Plan Exclusions” section.)
16. Any drug for erectile dysfunction.
17. Any drug when it has been determined by the clinical consultants of EMI Health that there is over-utilization of drugs or evidence of drug abuse.
18. Medication amounts in excess of maximum quantity and/or dosage levels indicated by the drug manufacturer and the FDA. Experimental medications, medications for non-approved FDA indications, or non-approved indications as determined by the Plan.
19. Expenses for services in connection with Bioidentical Hormone therapy.
20. Preventive medications including equipment and application of medications, including but not limited to, fluoride, vitamins, minerals, and homeopathic medicine. This exclusion does not include prenatal vitamins prescribed by a physician during pregnancy or those that have in effect a rating of A or B in the current recommendations of the U.S. Preventive Services Task Force. (For guidelines refer to http://bit.ly/USPSTF_AB.)
21. Non-self-administered Injectables.
22. Any drug when it has been determined that the authorization criteria of the Plan have not been satisfied.

With respect to any Injury which is otherwise covered by the Plan, the Plan will not deny benefits otherwise provided for treatment of the Injury if the Injury results from being the victim of an act of domestic violence or a medical condition.