

# Three-Tier Prescription Drug Benefits Rider

with mail order program

Your *Certificate of Coverage* is amended as described in this document. This Rider becomes a part of your Certificate of Coverage and is subject to all provisions of your Contract. This Rider replaces all Outpatient Prescription Drug benefits, if any, described in your Contract.

## 1. Covered Services

The Chapter in your Certificate entitled Covered Services is hereby amended by adding the following Covered Service if it is not in your Certificate or replacing any Prescription Drug Covered Services already included in your Certificate.

### Prescription Drugs

You must use a Network Pharmacy or our Network mail order pharmacy to receive benefits. To locate a Network Pharmacy, go to [www.bcbsvt.com/pages/FindaDoctor.htm](http://www.bcbsvt.com/pages/FindaDoctor.htm). We provide benefits for Outpatient use of:

- Prescription Drugs (including contraceptive drugs and devices that require a prescription) if the Food and Drug Administration approves them for the treatment of your condition and you purchase them from a licensed pharmacy;
- insulin and other supplies for people with diabetes (blood sugar testing materials including home glucose testing machines); and
- needles and syringes.

Benefits are subject to the exclusions listed in this rider and General Exclusions in your Certificate of Coverage. If your coverage has a prescription drug benefit limit, benefits for insulin and other supplies for people with diabetes are not applied to the limit.

Our Preferred Brand-name drug list can change and will be updated from time to time. We will inform you of changes using newsletters and other mailings. To get the most up-to-date listing, you may visit our website at [www.bcbsvt.com](http://www.bcbsvt.com) or call customer service at the number on the back of your I.D. Card.

### Limitations

We limit benefits for:

- Viagra to six pills per month;
- Cialis to six pills per month;
- Levitra to six pills per month;
- prescribed fertility drugs to up to four cycles of fertility drug therapy per calendar year regardless of the number of medications prescribed (note: this four-cycle limitation does not apply to clomophine); and
- prescribed smoking cessation drugs to a three-month supply per calendar year.

### Prior Approval Program

Our Prior Approval drug list changes from time to time. We will inform you of changes using newsletters and other mailings. We require Prior Approval for the following drugs:



**BlueCross BlueShield  
of Vermont**

*An Independent Licensee of the Blue Cross and Blue Shield Association.*

[www.bcbsvt.com](http://www.bcbsvt.com)

- Amevive
- Antagon
- Anzmet
- Apokyn
- Aranesp
- Arixtra
- Avastin
- Avonex
- Betaseron
- Botox
- Bravelle
- Byetta
- Cetrotide
- Copaxone
- Copegus
- Enbrel
- Epogen
- Erbitux
- Exubera
- Fertinex
- Flolan
- Follistm
- Fragmin
- Genotropin
- Gleevec
- GnRHa
- Gonal-F RFF
- Hepsera
- Humatrope
- Humira
- Innohep
- Iressa
- Kineret
- Lamisil
- Lovenox
- Meridia
- Nexavar
- Norditropin
- Novarel
- Nutropin
- Orenzia
- Ovidrel
- Pegasys
- Peg-Intron
- Pergonal
- Pregnyl
- Procrit
- Profasi
- Revatio
- Revlimid
- Rebetol
- Rebif
- Repronex
- Retin-A (for members over age 41)
- Rituxan
- Saizen
- Serostim
- Spiriva
- Sporanox/Itraconazole
- Sprycel
- Sutent
- Synarel
- Tarceva
- Temodar
- Tracleer
- Tysabri
- Ventavis
- Vidaza
- Xenical
- Xolair
- Zolinza
- Zyvox
- "Dispense as written" prescriptions
- Compounded Medications
- Medications without a National Drug Code (NDC) number
- Drugs that have been on the market less than 12 months

## **Quantity Limits**

We will review certain Prescription Drugs for Medical Necessity if the amount of a drug your doctor has prescribed exceeds BCBSVT quantity limits. Quantity limits do not override your Physician's prescription. Quantity limits apply only to the number of pills, not to dosage amounts or the number of daily doses. Sign on to our member website at [www.bcbsvt.com](http://www.bcbsvt.com) or call our customer service department at the number on the back of your I.D. Card to learn the quantity limit for each drug. If the amount you are prescribed exceeds our limits, follow the steps for Prior Approval to have your prescription reviewed. Our quantity limits drug list changes from time to time. We will inform you of changes using newsletters and other mailings. We limit the quantity of the following drugs:

### **Sleeping Agents**

- Zolpidem (Ambien/Ambien CR)
- Doral
- Estazolam (Prosom)
- Flurazepam (Dalmane)
- Triazolam (Halcion)
- Lunesta
- Placidyl
- Rozerem
- Sonata
- Temazepam (Restoril)

### **Pain Medications**

- Duragesic Patch
- Oxycontin
- Narcotics containing Acetaminophen
- Toradol (Ketoralac)

### **Triptans**

- Amerge
- Axert
- Frova
- Imitrex (NS, Injectable, refill kit)
- Maxalt/Maxalt MLT
- Relpax
- Stadol nasal spray
- Zomig (ZMT and Nasal Spray)

## **Test Strips**

- Glucose Test Strips

## **Inhalers**

- Advair
- Aerobid
- Albuterol (Proventil, Ventolin)
- Asmanex
- Astelin
- Atrovent (oral, intranasal)
- Azmacort
- Beconase AQ
- Combivent
- Foradil
- Flonase
- Flovent
- Intal
- Maxair
- Nasonex
- Nasacort
- Nasarel
- Pulmicort (Inhaler, Respules)
- Rhinocort AQ
- Qvar
- Serevent
- Spiriva
- Tilade

## **Anti-Emetics**

- Anzmet
- Emend
- Kytril
- Ondansetron (Zofran)

## **Anti-Fungals**

- Diflucan

## **Injections**

- Epipen

## Step Therapy

We review certain Prescription Drugs if you do not first try a generic drug or covered over-the-counter drug. Sign on to our member website at [www.bcbsvt.com](http://www.bcbsvt.com) or call our customer service department at the number on the back of your I.D. Card to learn the guidelines for each drug. Our step therapy drug list changes from time to time. We will inform you of changes using newsletters and other mailings. We require Prior Approval for the following Prescription Drugs if we have no information indicating you first tried a generic drug or covered over-the-counter drug:

### Selective Serotonin Reuptake Inhibitors

- Cymbalta
- Effexor XR
- Lexapro
- Paxil CR
- Prozac Weekly

### Non-sedating Antihistamines

- Allegra
- Clarinex
- Zyrtec

### COX-2 Inhibitors

- Celebrex

### Proton Pump Inhibitors

- Zegerid
- Aciphex
- Nexium
- Prevacid
- Prilosec
- Protonix

### Angiotensin Receptor Blockers

- Atacand/Atacand HCT
- Avalide/Avapro
- Benicar/Benicar HCT
- Cozaar/Hyzaar
- Diovan/Diovan HCT
- Micardis/Micardis HCT
- Teveten/Teveten HCT

## How to Get Prior Approval for Your Drugs

To get Prior Approval for your prescription drug, your provider must write to our medical services department or its designee with the following information:

- your name;
- your diagnosis;
- your I.D. number;
- clinical information explaining the medical necessity for the medication; and
- the expected frequency and duration of the medication.

If you have an emergency or an urgent need for a drug on our Prior Approval list, call customer service at (800) 247-2583, any time of day or night. If we deny your request for Prior Approval, see your Certificate of Coverage for instructions on how to appeal our decision.

Our quantity limits, step therapy and Prior Approval drug lists change from time to time. We will inform you of changes using newsletters and other mailings. Check with your doctor or visit our website at [www.bcbsvt.com](http://www.bcbsvt.com) to see if a specific drug needs Prior Approval or other review. You may also call our customer service department at the number on the back of your I.D. Card.

## Payment Terms

Please refer to your Outline of Coverage to determine the specific payment requirements of your prescription drug benefit. You may have a Deductible, Coinsurance and/or Co-payments for prescription drugs. We do not apply both Coinsurance and Co-payments to the same Prescription Drug purchase.

You have three levels of Co-payments and/or Coinsurance for drugs you purchase at a pharmacy or through the mail order pharmacy program. In general:

- your cost is lowest when you use generic drugs;
- your cost is higher when you use drugs on our Preferred Brand-name Drug List; and

- your cost is highest when you use brand-name drugs that are not on our Preferred Brand-name Drug List.

We cover up to a 90-day supply for each refill. Narcotics, antibiotics and compound drugs (see below) are limited to a 30-day supply.

### **Mail Order Program**

Our mail order pharmacy service can provide you with drugs you take on an ongoing basis. To obtain prescriptions through the mail order service, you must complete and send a patient profile to our network mail order company along with your prescription. Drugs are delivered to your home address, and you can order refills by phone, fax or on the internet. For more information about our mail order pharmacy, see the IPS Pharmacy Brochure included in your membership packet, or call our customer service department at the number on the back of your I.D. card for a copy.

### **Co-payment**

A Co-payment is a fixed dollar amount that you must pay for specific services. Your Outline of Coverage lists your Co-payment amounts.

You must pay one Co-payment for each 30-day supply. You pay two Co-payments for a 90-day supply of a drug when you use the mail order pharmacy or a retail pharmacy that agrees to accept the same reimbursement as our mail order pharmacy. (Not all retail pharmacies participate in this program.)

### **Coinsurance**

Coinsurance is a percentage of the total drug cost that you must pay. Your Outline of Coverage lists your Coinsurance amounts.

Your Coinsurance percentage will be calculated on the total cost of the drug, minus any deductible you owe.

### **Compounded Prescriptions**

Pharmacists must sometimes prepare medicines from raw ingredients by hand. These medicines are called compounded prescriptions. The pharmacist submits a claim using the National Drug Code (NDC) for the most expensive legend ingredient.

Your cost depends on the NDC submitted for the compounded drug:

- if the NDC is a generic drug, you pay the generic drug Co-payment or Coinsurance;
- if the NDC is a Preferred Brand-name drug, you pay Preferred Brand-name Co-payment or Coinsurance;
- if the NDC is a Non-preferred Brand-name drug, you pay Non-preferred Brand-name Co-payment or Coinsurance;
- if the NDC is for a powder or crystal, you pay the Non-preferred Co-payment or Coinsurance.

### **Exclusions**

We provide no prescription drug benefits for:

- refills beyond one year from the original prescription date;
- replacement of Prescription Drugs that are lost or stolen;
- devices of any type other than prescription contraceptives, even though such devices may require a prescription order including, but not limited to: Durable Medical Equipment, prosthetic devices, appliances and supports (although benefits may be provided under other sections of your Contract);
- any drug considered to be Investigational (see definition in Section 3 on this page);
- vitamins, except those which, by law, require a prescription;
- drugs that do not require a prescription, except insulin, even if your doctor prescribes or recommends them; and
- nutritional formulae, except for up to \$2,500 per year for “medical foods” prescribed for the Medically Necessary treatment of an inherited metabolic disease or those administered through a feeding tube.

## 2. Claim Filing

### Network Pharmacy

A Network Pharmacy will collect the amount you owe (Deductible, Co-payment and/or Coinsurance) and submit claims on your behalf. We will reimburse Network Pharmacies directly. You must use a Network Pharmacy or our Network mail order pharmacy to receive benefits.

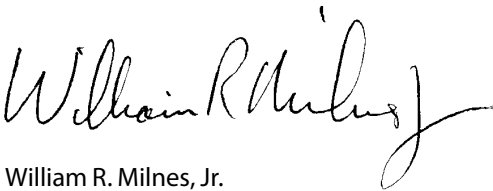
## 3. Definitions

### Experimental or Investigational Services:

health care items or services that are either not generally accepted by informed health care providers in the United States as effective in treating the condition, illness or diagnosis for which their use is proposed, or are not proven by Medical or Scientific Evidence to be effective in treating the condition, illness or diagnosis for which their use is proposed.

**Prescription Drugs:** insulin and drugs that are: prescribed by a Physician for a medical condition;

- FDA-approved; and
- approved by us for reimbursement for the specific medical condition being treated or diagnosed, or as otherwise required by law.



William R. Milnes, Jr.  
President



