

# Prescription Drugs and Biologics Rider

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. Please see your **Outline of Coverage** for specific details.

## 1. Covered Services

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

### Prescription Drugs and Biologics

You must use a licensed Network Pharmacy or Network home delivery pharmacy to receive benefits. To locate a Network Pharmacy, visit our website at **www.bcbsvt.com** and click on the "Find-A-Doctor" link.

We provide benefits for medically necessary Outpatient use of:

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

Please note we cover Off-label prescription drug use to treat cancer as required by law. We may provide benefits for Prescription Drugs and Biologics that are not approved by the Food and Drug Administration for the treatment of your condition if their use meets the definition of medical necessity and is not considered investigational.

Benefits are subject to the exclusions listed in this rider and General Exclusions in your **Certificate of Coverage**. Please refer to your Outline of Coverage to determine the specific payment requirements of your Prescription Drug benefit.

### Preferred and Non-Preferred Drugs

Your plan may require different amounts of cost-sharing when you purchase generic, preferred or non-preferred drugs. Generally

generics require less cost-sharing and non-preferred drugs require the most cost-sharing.

The Preferred Brand-name drug list can change and will be updated from time to time. To get the most up-to-date listing, you may visit our website at **www.bcbsvt.com** or call the pharmacy phone number on the back of your ID Card.

### Home Delivery Service

Our home delivery pharmacy can provide you with drugs you take on an ongoing basis.

To use the home delivery service, you must complete and send a home delivery form and submit it with your prescription. You may receive drugs at your home or office address. You can order refills by phone, fax or on the internet. For more information about our home delivery service, call the pharmacy phone number on the back of your ID Card or visit the Blue Cross and Blue Shield of Vermont website at **www.bcbsvt.com**.

You may also save money by our using home delivery service. See your **Outline of Coverage** for detailed cost-sharing information about home delivery.

### Limitations

We cover up to a 90-day supply for each refill. We limit coverage for narcotics, antibiotics, Specialty Medications, controlled substances, covered over-the-counter products and compound drugs (see below) to a 30-day supply per refill. This refill limit does not apply to contraceptives; we cover contraceptives up to a 12-month supply. We limit benefits for:

- Viagra to six pills per month;
- Cialis to six pills per month;
- Levitra to six pills per month;
- prescribed tobacco cessation drugs to a six-month supply per plan year; and
- Tamiflu to 10 capsules per 6 months.

Please also see the "Quantity Limits" section later in this document.

### Prior Approval Program

You must get Prior Approval for drugs on our Prior Approval drug list or your drugs will not be Covered. See your **Certificate of Coverage** for details regarding our Prior Approval Program.

Our Prior Approval drug list changes from time to time. For the most current list, visit our website at **www.bcbsvt.com** or call our customer service department at the number listed on the back of your ID card.

We require Prior Approval for drugs that have been on the market less than 12 months, “dispense as written” prescriptions, compounded medications and for medications without National Drug Code numbers. We also require prior approval for:

- Biologics and other medications
- Chemotherapeutics
- Growth hormone replacement therapy
- Hepatitis C medications
- Low molecular weight heparin anticoagulants (for use in excess of 30 days per Plan year)
- Primary pulmonary hypertension therapy

## How to Get Prior Approval for Your Drugs

To get Prior Approval for your prescription drug or have us adjust quantity limits or step therapy edits, your provider must write to our medical services department, or its designee, with the following information:

- your name;
- your diagnosis;
- your ID 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 the Prior Approval list, call the pharmacy phone number on the back of your ID Card. If we deny your request for Prior Approval, see your **Certificate of Coverage** for instructions on how to appeal our decision. You may also see your **Outline of Coverage** for details regarding our Prior Approval Program.

Our quantity limits, step therapy and Prior Approval drug lists change from time to time. For the most up-to-date list visit our website at **www.bcbsvt.com** to see if a specific drug needs Prior Approval or other review. You may also call the pharmacy phone number on the back of your ID Card.

## Quantity Limits

We will review certain Prescription Drugs and Biologics for Medical Necessity if the amount of a drug your doctor has prescribed exceeds quantity limits. If your doctor prescribes a drug in an amount that exceeds certain criteria, such as the FDA-approved dosing, we may ask for documentation about why you need more of the drug. Visit our website at **www.bcbsvt.com** or call the pharmacy phone number listed on the back of your ID card to get a current list of drugs covered by this review or to learn the quantity limit for a particular drug.

At present, quantity limits apply to drugs in categories such as:

- Glucose test strips
- Inhalers (like Advair®)
- Pain medications (like OxyContin®)
- Anti-migraine medications (like Maxalt or Zomig®)
- Sleeping agents (such as Ambien CR® or Lunesta®)

## Step Therapy

Our step therapy program saves you money by encouraging patients and their doctors to try less expensive drugs in a therapeutic class before using the newest, most expensive ones. We may require Prior Approval if we do not have information stating you first tried a generic drug or Covered-over-the-counter drug. Step therapy applies to drugs in the following categories:

- Non-sedating antihistamines (like Clarinex® or Xyzal®)
- Angiotensin Receptor Blockers for hypertension (like Cozaar® or Diovan®)
- Anti-virals (like Valtrex® or Famcyclovir®)
- Asthma control medications (like Symbicort® and Advair®)
- Bisphosphonates (like Boniva® or Actonel®)
- COX-2 inhibitors (like Celebrex®)
- Certain medications for depression (like Lexapro® or Cymbalta®)

- Diabetes management and treatment drugs (like blood glucose supplies, DPP IV and TZDs)
- Hypertension drugs for treating high blood pressure and other heart diseases (like Bystolic® and Coreg®)
- Hypnotics (sleeping pills like Lunesta® or Rozerum®)
- Lyrica® (for treating several conditions associated with the nervous system, including neuropathy)
- Nasal steroids (Like Rhinocort AQ® or Nasacort AQ®)
- Statins (cholesterol-lowering drugs like Lipitor® 10 and 20 mg)
- Stomach acid medications (like Nexium® or Prevacid®)
- Triptans for the treatment of migraine headaches

We also review certain Prescription Drugs and Biologics if you do not first try the generic drug or Covered over-the-counter drug. Visit our website at **www.bcbsvt.com** or call the pharmacy phone number listed on the back of your ID card to get a current list of drugs covered by this review or to learn the procedures to follow for review of your prescription use.

## Cost-sharing

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

If your Provider determines that you should not take a generic drug (lowest-tier drug) then your payment responsibility for a brand drug, formulary or non-formulary, can be no greater than the amount that you would have paid for the lowest tier co-payment or co-insurance.

## Aggregate Prescription Drug Out-of-Pocket Limit

Your plan may have an aggregate prescription drug out-of-pocket limit. Please see your *Outline of Coverage* for details. If your plan has an aggregate prescription drug out-of-pocket limit, and you are on a two-person, parent and child or family plan, a combination of covered family members may meet the overall out-of-pocket limit for most services.

Please check your *Outline of Coverage* for details.

## 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.

## Exclusions

We provide no prescription drug benefits for:

- refills beyond one year from the original prescription date;
- replacement of Prescription Drugs and Biologics that are lost, destroyed or stolen;
- devices of any type other than prescription contraceptives, even though such devices may require a prescription 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 Experimental or Investigational (see definition in your *Certificate of Coverage of Coverage*), except for certain Off-label cancer drugs and drugs administered as part of certain clinical cancer trials;
- vitamins, except those which, by law, require a prescription;
- drugs that do not require a prescription, except insulin and covered over-the-counter products, even if your doctor prescribes or recommends them; and
- nutritional formulae or supplements except for "covered 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 Co-insurance) and submit claims on your behalf. We will reimburse Network Pharmacies directly. You must use a Network Pharmacy or our Network home delivery pharmacy to receive benefits. However, if you need to be reimbursed, attach itemized bills for the dispensed drugs to a Prescription Reimbursement Form. Contact the pharmacy number on the back of your ID Card for assistance.

### 3. Definitions

**Network Pharmacy:** any Pharmacy that has been entered into an agreement with us.

**Off-label Use of a Drug:** use of a drug for other than the particular condition for which the Federal Drug Administration gave approval.

**Prescription Drugs and Biologics:** insulin and drugs that are:

- prescribed by a Physician for a medical condition;
- FDA-approved (unless their use can treat your condition, meets the definition of medical necessity and is not considered investigational); and
- approved by us for reimbursement for the specific medical condition being treated or diagnosed, or as otherwise required by law.

**Specialty Medications:** injectable and non-injectable drugs with key characteristics, including: frequent dosing adjustments and intensive clinical monitoring; intensive patient training and compliance assistance; limited product availability, specialized product handling and administration requirements.



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