National Performance Formulary Prescription Drugs and Biologics with Exclusions with GLP-1 Rider

Your *Certificate of Coverage* is amended as described in this document. This Rider becomes a part of your Contract and is subject to all provisions. Please refer to all sections of your Contract, including your *Outline of Coverage*, for guidelines on coverage and Cost-Sharing details.

1. Covered Services

The chapter in your Certificate entitled "Covered Services" is hereby amended.

The following covered language is *ADDED*:

Prescription Drugs and Biologics

Your Plan follows the National Performance Formulary (NPF). You must use a Network Pharmacy or Network home delivery pharmacy to receive benefits. To locate a Network Pharmacy, visit our website at **www.bluecrossvt.org/pharmacies-medications** and click "Find a Pharmacy" 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, prevention or diagnosis of your condition;
- insulin and other supplies for people with diabetes (glucose testing materials including home glucose testing machines, needles and syringes).

Please note we cover Off-label Prescription Drugs and Biologics used 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.

Preferred and Non-Preferred Drugs

Your Plan may require different amounts of Cost-Sharing when you purchase generic, preferred brand or non-preferred brand drugs. Generally, generic drugs require lower Cost-Sharing, but not always, and non-preferred drugs require the most Cost-Sharing.

The NPF brand-name drug list can change and will be updated from time to time. To get the most up-to-date listing, visit our website at **www.bluecrossvt.org/pharmacies-medications/lists-covered-medications** or call the pharmacy phone number on the back of your ID card.

Home Delivery Service

Our home delivery pharmacy can provide you with Prescription Drugs and Biologics you take on an ongoing basis.

To use the home delivery service, visit our website at **www.bluecrossvt.org/pharmacies-medications** and log onto your Member Resource Center, or call the pharmacy number on the back of your ID card. You may receive drugs at your home or office address. You can order refills by phone, fax or on the internet.

See your *Outline of Coverage* for detailed Cost-Sharing information about home delivery.

Limitations

- We limit coverage for controlled substances, antibiotics, Specialty Medications and compound drugs to a 30-day supply for each refill.
- For other medications, we cover up to a 90-day supply for each refill.
- We cover contraceptives up to a 12-month supply.
- We limit:
  - Viagra, Cialis, or 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 the Prescription Drugs or Biologics listed on the National Performance Formulary Prior Approval list or your drugs will not be Covered. This drug list can change and will be updated from time to time. For the most up-to-date list, visit our website at **www.bluecrossvt.org/pharmacies-medications/lists-covered-medications** or call pharmacy phone number at the number listed on the back of your ID card.

Prescription Drugs and Biologics that require Prior Approval include:

- prescription drugs containing Glucagon-Like Peptide-agonist (GLP-1) products prescribed for conditions other than diabetes (including but not limited to Wegovy, Zepbound, and Saxenda);

- compounded medications;
- brand name drugs when a therapeutically equivalent, generic drug is available (also known as "dispense as written" prescriptions);
- when the Plan's criteria necessitates a review of the drug's clinical appropriateness; and
- any drug recently approved by the Food and Drug Administration (FDA) is considered a new drug to the market and requires Prior Approval. This applies to drugs through a pharmacy or medical Provider. Visit our website at **www.bluecrossvt.org/pharmacies-medications/lists-covered-medications** to determine if your drug is a new drug to market or how you or your Provider may request Prior Approval through Vermont Blue Rx.

How to Get Prior Approval for Your Drugs

To get Prior Approval for your Prescription Drugs or Biologics or have us adjust quantity limits or step therapy edits, your Provider must contact our pharmacy benefit manager or go to **www.covermymeds.com** 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.

Our quantity limits, step therapy and Prior Approval drug lists can change and will be updated from time to time. For the most up-to-date list, visit our website at **www.bluecrossvt.org/pharmacies-medications/lists-covered-medications** 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 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.bluecrossvt.org/pharmacies-medications/lists-covered-medications** or call the pharmacy phone number listed on the back of your ID card to get the most up-to-date list of drugs covered by this review or to learn the quantity limit for a particular drug.

Step Therapy

The NPF step therapy program saves you money by encouraging patients and their doctors to try a less expensive drug in a therapeutic class before using the newest, most expensive one. We may require Prior Approval if we do not have information stating you first tried a less-expensive drug. Visit **www.bluecrossvt.org/pharmacies-medications/lists-covered-medications** 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 Drugs and Biologics benefit. You may have a Deductible, Coinsurance and/or Copayments for your Prescription Drugs and Biologics purchases. We do not apply both Coinsurance and Copayments to the same Prescription Drugs and Biologics purchase.

If your Provider determines that you should not take a generic drug (lowest-tier drug), your Cost-Sharing responsibility for a Preferred or Non-Preferred brand drug can be no greater than the amount that you would have paid for the lowest tier Copayment or Coinsurance.

If we approve a drug as a benefit exception that is listed under Excluded Medications on the NPF drug list, the approved drug will process at the non-preferred drug cost-share regardless if the drug is a generic or brand medication.

Aggregate Prescription Drug Out-of-Pocket Limit

Your Plan may have an Aggregate Prescription Drugs and Biologics Out-of-Pocket Limit. Please see your *Outline of Coverage* for details. If your Plan has this limit, and you are on a two-person, parent and child or family plan, once any combination of covered family members meets the Prescription Drugs and Biologics Out-of-Pocket Limit, we begin to pay eligible Prescription Drugs and Biologics at 100 percent of the Allowed Amount.

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 do not provide Prescription Drugs and Biologics benefits for:

- medications for treatment of infertility such as Clomid, Clomiphene, Serophene, Bravelle, Gonal-F, Follistim AQ, Novarel, Ovidrel, Pregnyl, Profasi and Repronex when used for treatment of infertility;
- refills beyond one year from the original prescription date;
- 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, except for certain Off-label cancer drugs and drugs administered as part of certain clinical cancer trials;
- Viagra, Cialis, Levitra, Addyi, and other drugs to treat sexual dysfunction;
- vitamins, except those which, by law, require a prescription;
- drugs that do not require a prescription, even if your doctor prescribes or recommends them;
- intranasal corticosteroids;
- food and nutritional formulas or supplements except for formulas and supplements that are considered to be "Medical Foods" as determined to be Medically Necessary. (Note: This exclusion does not apply to 100% amino acid formula, which may be determined as Medically Necessary);
- the replacement of lost, stolen, or destroyed Prescription Drugs or Biologics received through your medical benefit;
- any drugs listed under Excluded Medications on the National Performance Formulary drug list. (Note: If you are currently using a medication that is excluded from the NPF, you may request a benefit exception. See the section under the National Performance Formulary at **www.bluecrossvt.org/pharmacies-medications/lists-covered-medications** related to Benefit Exceptions for Excluded Medications, or call the pharmacy phone number on the back of your ID card.) See the Cost-Sharing section above if your benefit exception is approved.; and
- any drugs on the list of Excluded Drugs with Unique Packaging and Therapeutic Alternatives. (You can view the list at **www.bluecrossvt.org/pharmacies-medications/lists-covered-medications** or call the pharmacy phone number on the back of your ID card).

Replacement of lost, stolen or destroyed Prescription Drugs and Biologics

We will replace one lost, stolen or destroyed Prescription Drug or Biologic per Plan Year if not covered by an alternative entity (including but not limited to homeowners insurance and automobile insurance) if:

- the Prescription Drug or Biologic's absence would put the Member at risk of death, disability or significant negative health consequences such as a hospital admission.

Note: In order to replace a stolen Prescription Drug or Biologic we require you to submit documentation, such as a police report, with the request.

Exclusions

We do not cover the replacement of a lost, stolen or destroyed Prescription Drug or Biologic:

- if the above criteria is not met; or
- more than one lost, stolen or destroyed Prescription Drug or Biologic per Plan Year.

2. Claim Filing

A Network Pharmacy will collect the amount you owe (Deductible, Copayment and/or Coinsurance) 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 request reimbursement for dispensed drugs, please attach itemized bills to a *Prescription Reimbursement Form* which can be found on our website at **www.bluecrossvt.org/members/member-forms**.

For assistance, contact our customer service team at the number on the back of your ID card.

3. Definitions

Network Pharmacy: any Pharmacy that has 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 Food and Drug Administration gave approval.

Prescription Drugs and Biologics: products that are:

- prescribed to treat, prevent or diagnose a medical condition;
- FDA-approved (or not FDA-Approved if the use 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 (but not limited to): frequent dosing adjustments and intensive clinical monitoring; intensive patient training and compliance assistance; limited product availability, specialized product handling and administration requirements.

For a full list of specialty drugs, please visit **www.bluecrossvt.org/pharmacies-medications.**



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